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CLINICAL LECTURES ON SURGERY,

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BY

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ON ERECTILE TISSUES.

Their Anatomical and Physical Characters.

THE occurrence, in the morbid state, of the very remarkable tissue which I have termed the *erectile*, had never been ascertained until I made it known and described it in my lectures on pathological anatomy.

In the normal state this tissue is met with in the genital organs of the majority of animals of both sexes, especially in the urethra, the corpora cavernosa, and the glans; on the head and neck of a great number of the gallinaceæ, on the buttocks of several apes, and elsewhere in many other animals. It is of a red colour, of various shades, and of different consistence, according to the condition under which it is observed. Its temperature is higher than that of the other tissues. It is provided with a fibrous and elastic envelope by which it is limited and circumscribed, and its development limited or permitted. Internally it is based on columns of fibres interwoven with each other, and forming a net-work which gives firmness and support to an infinite number of arterial capillaries intricately involved with each other, and scarcely susceptible of injection without being lacerated, of capillary veins still more difficult of injection, and of nerves that impart to this tissue a sensibility which is the primary source of its properties and distinctions. This erectile tissue is filled with arterial blood, the material and immediate agent of the different functions which it fulfils. Lastly, scarcely developed in infancy, when its functions are not yet aroused, this tissue acquires its greatest development at the epoch of aptitude for procreation, one of the chief agents of which function it becomes. In debility and disease it loses its redness, heat, sensibility, and other peculiar properties, and in old age it is altered, withers, and changes its nature.

This tissue is the type and model of a multitude of accidental tissues, which original or acquired vices of organisation may give rise to in almost every part of our bodies, producing tumours of various volumes, which participate more or less in the properties of the natural erectile fabric, differing chiefly in the comparative weakness of their fibrous sheath, and more scanty supply of nervous branches. The skin and subcutaneous cellular tissue are the special seat of these morbid productions, which nevertheless are always met with in every other part of the system, and especially on the face and cranial integuments. They form the base of the majority of the spots and tumours termed "*envies*," longing or mother's marks (nævi materni). Sometimes an entire organ is thus invaded; I have thus seen the whole of the concha of the ear, and a portion of the adjacent parts, converted into a true erectile organ. In other cases these productions are situated either in the interstices or in the actual substance of various parts. Sometimes they seem to be the result of the degeneration of a natural tissue, and the dilatation of its capillary web, while in other persons they seem to form absolutely new organs, developed among other parts. In the former case they are thoroughly confounded with the healthy structures; in the latter they are separate, and compress them, and are rendered distinct from them by the interposition of a moderately light cellular envelope, by which their periphery is circumscribed.

The accidental erectile tissues are reddish or brownish, ordinarily granulated on

* The present number, or "fasciculus," was published in Paris on Saturday last, 27th April.

their surface, and implanted in the skin, the subcutaneous cellular tissue, or among the muscles. Their form is that of collapsed or projecting tumours, and the skin which covers them is sometimes scarcely altered. They are the seat of movements isochronous with the arterial pulsation, and pressure reduces them to a very small volume. Habitually soft, the least irritation renders them tense, and remarkably swollen. If cut into, hemorrhage is excited, which it is often very difficult to arrest. These erectile tissues do not disappear spontaneously, their tendency being, on the contrary to increase. Like the natural tissues of the same character, these also undergo, at the same epochs and by the influence of analogous causes, a strongly-marked development, or alternatives of tension and relaxation, corresponding with the state of health, of strength, or of debility, in the individual affected.

Treatment of Erectile Tumours.

Several plans of treatment have been employed for these tumours. I shall confine myself here to the subject of their compression, cauterization, ligature, and extirpation.

CASE I.—*Erectile Tissue; Aneurismatic Dilatation of the Arteries of the Ear, Temple, and Occiput.—Ligature of the Carotid Artery.*

D——, ætat. 20, was admitted to the Hôtel Dieu on the 9th of April 1818. He was of weak constitution, tall stature, thin, and bilious. He was a cart-maker by trade. When born, he clearly showed two little alterations of the skin, such as are commonly called "wine marks," on the external fold of the concha of the right ear, which, however, was not deformed, and merely seemed a little larger and thicker than natural, where the spots existed. Slight itching was the only inconvenience they occasioned. This itching, however, often led to the excoriation of the part, and the consequent effusion of blood of a florid colour. He continued in this state until the age of twelve, when, simultaneously with the development of the genital organs, the ear increased in size, and the colour of the spots changed from red to violet. Three years later it had doubled in dimensions, and pulsations were then first noticed. In eight months after their occurrence, a first hemorrhage took place, occasioned by an attempt to force his hat from his head, and the flow of blood was only stopped by very careful compression. It enfeebled the patient, and caused a transitory decrease of volume and abatement of pulsation in the tumour, but the ear soon regained its former state. He was now obliged to abstain from all the amusements of his age, as vigorous exercise, or any indulgence of diet, led to the increase of the swelling and its pulsations. Compression with a light cap was then tried, but its effect was merely transitory, and ceased when the compression was removed. In some time after, a second considerable hemorrhage took place, spontaneously, which, however, subsided of itself. A surgeon then recommended the application of compresses steeped in astringent fluid, which was done, but with no advantage, for a third hemorrhage soon after happened. Some months later there was a fourth, which was arrested by agaric and compresses.

It was remarkable, that in all these hemorrhages the blood, although vermilion, and evidently arterial, did not escape by jets, but in waves, and as it does from a cut fungus hæmatodes. Terrified at these repeated accidents, the patient entered the Hospital of Sens on the 5th of August 1817. The affected ear was then three times larger than the other, was of the thickness of a finger, and the scalp of the same side presented numerous little tumours of the same character. MM. Populus and Retif, the directors of the hospital, first tried compression on the course of the arteries of the ear, temple, and occiput; but the patient being unable to endure this, they decided to attack the malady by ligature, and, to practise this operation successively on the temporal, anterior auricular, and occipital arteries, an operation, based on one performed fifteen years before at the Hôtel Dieu of Paris, and the object of which was, to intercept, successively, all the sources of blood by which the tumour was nourished. The ligature of the first of these vessels diminished a little the volume of the ear, but the pulsations continued, though their impulse was not so great. The edges of the wound were brought together and kept in contact, and the ligatures came away from the 12th to the 14th days.

Twenty-one days after the first operation, a hemorrhage suddenly occurred from a little opening in the helix, which had never been healed after one of the early ruptures. Strong compression succeeded in overcoming it. The blood was red, and arterial, as at first. In a few days more, there was a sixth hemorrhage from the same place. On the 28th day, a gangrenous eschar, the size of a *silver** crown piece, formed between the helix and anthelix. This eschar fell off on the 35th day. On

* We use this and similar expressions, in order to assist our *foreign* readers.—ED. L.

the 43rd, the occipital artery was tied, but with no better results than attended the first operation. Finally, still pursuing the disease, the practitioners I have named attempted the ligature of the external carotid artery, the common source of all the arteries of the ear, temple, and occiput. It seems certain, however, from the account they themselves have sent me, that they tied, not the external carotid, but the origin of the superficial temporal, which was extremely dilated. However this may be, the operation was neither more nor less advantageous than those previously performed, and the patient quitted the hospital of Sens after a stay of three months. Having returned home, and soon finding all his symptoms aggravated, he then sought admission in the Hôtel Dieu of Paris.

On admission here, the symptoms were the same, increased in intensity, with those already described. It was found, then, that compression on the primitive carotid artery suspended all pulsation in the tumour, and caused its collapse and decoloration. Moreover, the patient's health was very good, and he made no complaint. He heard well with the diseased ear. Such was the condition of our young patient. His affection, however, was by no means a simple one. The eye and finger enabled us to distinguish in the diseased mass two very different elements, which are sometimes combined, but are generally separated in the maladies they produce. The first occurred in the form of large, sinuous, unequal, knotty, full, and compressible conduits, creeping on the temple and ear, to which they gave a knobbed aspect, arising one from the other, like arterial ramifications, as large as the little-finger in the greatest, and as a crow-quill in the smallest, branches, which could be traced into the substance of the skin.

The origin, situation, direction, and division, of these vessels, and, above all, their pulsations synchronous with those of the heart—the violence of which seemed every moment to threaten laceration and dangerous hemorrhage, sufficiently indicated that they were formed by the arterial system of the ear, temple, and occipital region, dilated beyond measure in its trunks, branches, and finest cutaneous ramifications. Everything else which in this singular malady did not immediately belong to the arterial dilatation, was formed by the erectile accidental tissue described at the commencement of this lecture. This second element of the disease in the case before us, filled up the spaces in the arterial net-work, imparted to the parts affected their violet colour, elevated temperature, and double movement of expansion and collapse.

The consideration of the history of the case, and of the instant condition of the patient, decided me in the opinion that the ligature of the carotid artery was the only plan which offered a probability of success. Nevertheless I entertained the presentiment that this operation would do more to remedy the aneurismal dilatation of the arteries than the new erectile tissue, and the event fully justified this opinion. The primitive carotid artery was thus tied, however, on the 8th of April:—

The patient being placed in the horizontal posture in bed, an oblique incision was directed from above downwards, and behind forwards along the inner edge of sterno-mastoid muscle, to the extent of three inches. The cellular tissue was divided cautiously with a bistoury, guided by a grooved sound; the sterno-mastoid held aside by one assistant, and the larynx moved to the opposite side by another. The artery was now laid bare, and carefully isolated from the jugular vein and concomitant nerves. A grooved sound was next placed beneath it, and a single ligature, formed of four threads of flax, waxed and disposed like a riband, was glided along the sound and below the artery by means of a needle-shaped stylet, which, with the director, was then withdrawn. In no other artery is so much caution required in the separation of concomitant nerves and vessels as in the carotid, on account of the organs to which are distributed the nerves which surround it—namely, the heart, the lungs, and the stomach, the action of which may be instantly suspended, or deeply and immediately altered, by the ligature of the nerves in question.

It was easy to perceive at this stage of the operation, that on pressing the artery between the point of the index finger and the ligature, the ear collapsed, and its pulsations ceased, without producing the least embarrassment of the functions of the important organs awhile since mentioned. This test was several times repeated, after which the ligature was finally tightened. At this moment the patient experienced intense pain in a small molar tooth of the right side, which did not exist before the operation, and was certainly determined by it, though it is impossible to explain how. The volume of the ear was not quite so much diminished as we expected, doubtless owing to the retention of the blood in the areolæ of the erectile tissue. The patient was dressed, compresses steeped in Goulard solution were applied to the ear, and charpie placed between it and the head.

In the operation itself, but a few seconds were employed. Nevertheless the patient, fatigued during the day by the incessant questions of indiscreet pupils, was, in the evening, attacked by violent headach, and he vomited his bouillon. Bleeding was consequently performed, and some torpor of the arm of the opposite side having been noticed, foot-baths, impregnated with mustard, were directed. Next day the headach was less, but the ear was painful, as if pricked by needles, and the patient again vomited a bouillon. The functions of the brain, heart, and lungs, were, however, untroubled. (Absolute diet, Seltzer water, and foot-baths, as before.) Third day, headach gone, no more vomiting, functions of sight, taste, hearing, and smell, quite perfect. No pulsation in the tumour, or in the temporal, auricular, or occipital arteries. The volume of the ear was diminished, but it was red and hot. It was exactly compressed.

On the fourth day a soup was taken with pleasure, and without any inconvenience. On the fifth, the first dressing was removed, suppuration was established, and the wound was dressed simply. On the sixth, the patient was doing very well, the ear merely causing some stingings, but free from pulsation, and more collapsed. Tenth day it was diminished by one-third. The excoriation, which before the operation used to bleed, now suppurated well. In the evening, fever, headach, and dyspnœa, for which a venesection was practised. Eleventh day, the bad symptoms of yesterday all gone. Twelfth, the ligature has fallen off, without hemorrhage, having cut through the parietes of the artery.

On the 18th day, the erectile tissue, which had previously diminished, seemed to have resumed a movement of expansion and retraction, although no beating was perceived in the adjacent arteries. Compression was exactly applied to the ear.

30th day. Movements perceptible to the eye.—43rd. The ear which for several days had been compressed between two masses of charpie was exposed. Slight movements were visible, but only in some points. No pulsation in the temporal artery. In the evening dyspnœa, with hard and frequent pulse. Twenty leeches applied to the thorax.—44th day. Patient better. No more pain of the chest, and wound of the operation entirely healed.

I now made an attempt to apply a more uniform pressure, by the application of plaster of Paris, after evacuating the ear by continued manual pressure. My expectations were, however, disappointed, for so enormous was the force of expansion, that three times successively did it break the plaster mould to pieces, and separate it from the temple to which it adhered. I now devised another apparatus, from which I expected better success. It was a kind of double hinge which could embrace the ear, and be compressed to any extent by knots, fixed by a strap to the head. But this, though more efficacious than the plaster, was still equally unsuccessful in effacing the erectile tissue which survived the arterial pulsation. To cure this part of the disease, the tissue itself was either to be removed, or its organization changed. The extent of the affection was here, however, too great to allow of extirpation, and to change the nature of the tissue was beyond our power. We, therefore, determined to leave to itself the erectile affection, which, when unaccompanied by the arterial arrangements we had succeeded in removing, occasions but very slight inconvenience.

This case is of the utmost interest in every point of consideration; it demonstrates the facility and freedom from danger of the ligature of the primitive carotid artery, and proves the efficacy of this operation in the aneurismatic affections of this vessel. It shows that if the ligature of the carotid is not equally effectual against the morbid erectile tissue, it at least controls its progress and diminishes its dangers. The sequel of the case is, moreover, before us. In fifteen years after the operation, D—— presented himself at the Hôtel Dieu, in February 1833. Since the ligature of the carotid artery, the tumour of the ear had made no progress. There had been no hemorrhage. He suffers no inconvenience except when he takes severe exercise, and this he carefully avoids. In this case, then, the operation has been indisputably beneficial; but we cannot, however, deny that under a vast number of circumstances it has totally failed. This depends on the intercommunication of vessels proceeding from various trunks, and the development of further anastomoses after the operation. Still, however uncertain this be, I think it should be employed whenever the erectile tumour is so situated that neither cauterization, compression, nor extirpation, can be practised. I should add, too, that when the erectile tissue is not combined with carcinoma, the disease increases with less rapidity after the operation.

CASE 2.—*Erectile Tumour of the Lower Lip.—Trial of Compression.*

Compression has been recommended in the treatment of these cases. The majority of practitioners, however, reject it, from its want of exactness, the violent pain it always excites, and the fact of its some-

times occasioning local inflammation, and an immediate increase of the disease. We cannot adopt these opinions, which are contradicted, as a general assertion, by numerous examples of cures so obtained. Thus, in six weeks, a child I attended was cured of one at the angle of the eye. It is the method, too, which I shall pursue in the case now before us. This man, ætat. about 40, was in very good health, when, about nine months since, he received a kick from a horse on the lower jaw; soon after a little tumour showed itself on the lower lip, and quickly increased in size. An able surgeon whom he consulted tied the two coronary arteries and a branch of the labial. The tumour first diminished, but soon regained its original size. The compression we propose to exercise will be applied by a kind of double valve, like a pair of castanets, which will embrace both sides of the lip, and the pressure of which can be regulated by a screw. If this plan do not succeed, we will extirpate the tumour.

CASE 3.—*Ulceration from Erectile Tumours of the Foot and Thigh.—Treatment with Caustic.*

Caustics are sometimes beneficial, as the following case will demonstrate. Mr. Wardrop also advises this method, which he deems capable of producing an ulcerative inflammation in the tumour, which effects its destruction.

A child æt. eight months was born with two red spots, one of which occupied the entire dorsal surface of the knee, first metatarsal bones of the left foot, and extended between the two first toes to the plantar surface of the foot, an inch of which it involved: the other was situated towards the external and middle part of the left thigh, and was of the size of a franc piece. These tumours remained stationary for some time, but at the third month, that of the foot increased in size, and superficial ulcerations showed themselves between the toes. At first no hemorrhage occurred, but the general health soon became impaired. The ulceration extended to the sole of the foot, and after five months' progress, the child was sent to Paris in the following state. A fissure existed between the toes continuing to the sole of the foot, being about two lines deep, with a greyish, flaccid, and fungous surface, with elevated, turgescent, hard, and violet-coloured edges, formed of the remains of erectile tissue. The ulceration resembled, in fact, hospital gangrene, and its substance was apparently composed of degenerated erectile tissue and cancerous matter. The purulent sanies was dreadfully fetid; both the toes were swollen, as well as the surrounding parts; there was even reason to dread an affection of the bones. The tumour on the thigh was double its original size, but free from ulceration. Amputation was first thought of, but fear of a relapse, and the tumour of the thigh, led us to prefer cauterization with the acid nitrate of mercury, in order to change the nature of the ulcer, and lead to its cicatrization.

On the 7th of March this operation was first performed, and the surface of the core touched with a hair pencil steeped in the acid nitrate of mercury. The cauterization was painful, and did not seem to produce any very good effect, for next morning the ulcer was still more like hospital gangrene, and the eschar soft, greyish, and fœtid. Nevertheless, a second cauterization was practised on the 14th of March, with somewhat better effects. An abscess now supervened in the upper part of the right thigh, and obliged the suspension of the process, which was resumed on the 9th of April, and continued every fifth day to the ninth turn. The success surpassed our expectations, and by the end of May, the ulcer of the foot was healed. Other phenomena were meanwhile passing in the thigh, the tumour of which, after the fifth cauterization of the foot, had become ulcerated, and the ulcer seemed to advance as that of the foot cicatrized. An issue was now made in the arm, and cauterization employed with the second ulcer, which was cured by five applications. On the 25th of July she was quite well.

The destruction of erectile tumours by chemical caustics may thus be sometimes effected; but this mode of cauterization is far less certain than the actual application of a hot iron, which constitutes one of our surest methods. This, however, is rarely resorted to, on account of the terror it excites, and because excision acts with equal efficacy and less inconvenience. We may, however, have recourse to the actual cautery when the tumour is too extended, too thin, too much combined with the healthy tissues to permit its extirpation.

The bistoury then is the most certain method which can be used. In some cases scissors are sufficient. We should in this operation not lose sight of the fact, that the further we go from the morbid tissue, the fewer vessels have we to tie, the danger of hemorrhage being great in the event of cutting the morbid tissue. When situated on an isolated part like the finger or lip, milder means having been employed without success, we may remove with the tumour the base which supports it, as we do for cancerous ulcers, and then reunite the edges of the wound. Erectile tissues having a remarkable tendency to

reproduction, we should in our operations take the utmost care not to leave the smallest portion behind. Observing this rule, I have removed tumours of this kind from almost every part of the body, and with constant success.

[The following analysis of some cases thus treated will illustrate all the practical points desirable to be studied.]

CASE 4.—*Erectile Tumour of the Lip.—Excision.*

The first cited was a child at eight. The erectile tumour was on the lower lip and of the size of a bean, its base apparently extending into the muscular substance of the lip. The age and indocility of the child precluded the treatment by compression. The operation of excision was accordingly performed. By means of a straight scissors, two rectilinear incisions were made in the form of a V, the apex towards the base of the lip, and the wound was subsequently united by two needles and a connecting suture, as in the operation for hair lip. In thirteen days the patient was discharged, with the wound nearly cicatrized. The little tumour, when cut into, was exactly like the spongy portion of the urethra.

CASE 5.—*Erectile Tumour of the Scalp and Neck.—Exploring Puncture; Erysipelas; Hemorrhage; Death.—Examination of the Tumour.—Serous Cyst in the Skull, entirely destroying the Right Lobe of the Cerebellum, without signs during life.*

The next case was a very striking one. A man, æt. 40, had at the right side of the head, a tumour which covered a portion of the parietal, frontal, occipital, temporal, and mastoidean regions, and the upper part of the lateral portion of the neck. Projecting about two and a half inches in its centre, it declined gradually towards its circumference, and was all over covered with hair, like the scalp. On shaving the head the skin was found healthy, and divided into three portions; one, superior and anterior, separated from the others by a transversal line, seemed formed by an organized matter of sufficient consistence a second, in the centre, offering indistinct fluctuation; and a third, lowest down, agitated by movements of expansion and contraction synchronous with the systole and diastole of the heart. The most attentive examination did not enable us to discover in the other parts of the tumour similar movements. Posteriorly, on the mastoidean portion of the temporal, an irregular opening, armed with bony points, was perceptible to the touch. We thought also that we could perceive an alteration of the zygomatic arch.

This tumour had appeared early in life, advanced slowly, and without pain. Four years previous to his admission he received several blows on it; and a surgeon, then consulted, made an incision which gave issue to pure blood. Since then no accident occurred until a few days before admission, when a quantity of earth fell upon his head. The disease, in fact, was evidently incurable; nevertheless, on the repeated urgings of the patient, an exploring puncture was performed, which afforded arterial blood, but the hemorrhage was readily arrested. In a few days, however, fever, nausea, vomiting, and pain, supervened. On the fourth day, an erysipelas of the scalp, face, and right side of the neck, appeared, with a small contracted pulse. On the eighth, the erysipelas extended to the upper part of the chest. Having rallied from this immediate attack, he was doing pretty well, when, on the twenty-first day, hemorrhage occurred, and the fever reappeared. The legs soon became infiltrated, he fell into delirium, and died on the thirtieth day.

In order to examine the tumour more completely, an injection was pushed into the carotid artery, which in a few seconds filled the cells of the tumour, and returned by the jugular vein. Another injection, urged by the veins, rendered sensible a great number of very large veins on the surface and in the vicinity of the tumour, which dissection showed to be composed of two very distinct parts. One formed a considerable mass, presenting three different tissues; 1st, reddish, like the muscular fibre, but extremely friable, and devoid of linear disposition; 2ndly, a fibro-cellular tissue, forming the greater part of the tumour, infiltrated by serosity, traversed by large veins and much smaller arteries; 3rdly, in some places a fibro-cellular tissue, redder and more vascular than the second. It was in the heterogeneous mass that the abscesses had formed—the red and villous parietes of which, had supplied the hemorrhage observed during life.

The second part of the tumour, much smaller than the former, occupied the mastoidean region, and was only the appendix of one still larger, situated within the skull, and jutting onwards through the opening observed during life. This tumour was a serous cyst, developed in the substance of the right lobe of the cerebellum, *which lobe had entirely disappeared.* It was united to the inferior occipital fossa by cellular and fibrous adhesions. Its cavity was intersected by vertical and horizontal partitions which gave it a cellular aspect. The cells were filled with serosity, and membraniform remains, sus-

pected to proceed from the death of some hydatids. Besides these leading diseases, it was found that the zygomatic bone had been dislocated from the external angular apophysis of the frontal bone, and that it had experienced a fracture which had become consolidated. The veins adjacent to this bone were all varicose, and formed by themselves a soft tumour which existed in this situation.

It cannot be denied here, but that the cerebellar cyst preceded the other diseases, and that the pulsatory motions were produced by its projection externally, but it is difficult to understand how this extraordinary lesion could destroy an entire lobe of the cerebellum without occasioning any alteration in the cerebral or general functions.

Cases 6, 7, 8, 9.—*Erectile Tumours on the Face and Head.—Excision.*

The next case was remarkable for the difficulty of its diagnosis. The tumour was situated in the furrow which separates one cheek from the nose: it was the size of a nut; free from pain; no change of colour of the skin; diminishing in volume, though not disappearing, when compressed; devoid of pulsation; and containing in its centre a hard nucleus, which occasioned pain on pressure. It was manifestly either a lipomatous or an erectile tumour. The operation could alone decide, and it was accordingly extirpated with great care. There was considerable hemorrhage arrested by compression. In the subsequent treatment the nitrate of silver was very frequently and freely applied, and in five weeks the patient was well. The tumour was of the erectile kind, and the hard nucleus alluded to was composed of bony matter.

In three other cases excision was also performed with success. The first was a child, ætat. two years; the tumour small and pediculated, and situated at the external commissure of the left eyelids. It was removed with a curved scissors, and cured in eight days. The second was a case of small erectile tumour on the head, precisely where the hat should be placed. Excision remedied the evils it gave rise to. The third case was a tumour of the lower lip, which was cured by excision in eight days.

If extirpation is in the majority of cases the best means of curing these erectile tumours, we still should not resort to the operation when the tumours are stationary, free from pain, and occasion no inconvenience.

This tissue, which is often congenital, may supervene without known cause, or be provoked by external violence or continued pressure. It developes itself as I have said, in all parts of the body, but especially in the lips, doubtless on account of their spongy and vascular texture. They have been seen on the fore-arm, arm, thigh, scalp, ear, cheek, labia externa, in the substance of the skin, muscles, periosteum, bones, kidneys, liver, &c. Lastly, they may successively invade an entire limb, as in the case of Lemortier, in which the skin, muscles, and bones themselves, were affected, from the fingers to the shoulder.

CASE OF

ALVINE CONCRETIONS

DISCHARGED THROUGH THE

PARIETES OF THE ABDOMEN.

By Frederic Granger, Esq.
Surgeon, Bristol.

On the 20th of November 1831, I was requested to visit Mrs. W., a widow lady, aged forty-two years, of spare make and delicate habit, residing about four miles from Bristol. I found her suffering intense and continued pain in the abdomen, more particularly in the right iliac region, increased by pressure, with thirst, heat, anxiety of countenance, a hard quick pulse, vomiting, constipation, in short, presenting every character of acute enteritis.

I learned that in the afternoon of the preceding day, she had returned from a walk, cold and shivering, with slight spasmodic pain at intervals in the part particularly referred to, which had considerably increased during the night, without any remission for some hours before I saw her. My inquiries respecting her diet did not elicit any error committed. The liberal and repeated abstraction of blood from the arm (which was highly cupped and buffy), the application of leeches to the abdomen, with aperients, injections, &c., and rigid antiphlogistic treatment, removed the acute stage in a few days, and in about three weeks my patient (although very much debilitated) had lost the more urgent symptoms, but still complained of some degree of pain and tenderness in the part originally affected, and on minute examination a tumour deep-seated was sensible to the touch. The occasional application of leeches afforded temporary alleviation, but the tumour gradually increased, accompanied by rigors and frequent lancinating pains, indicating the formation of matter. A lin-

seed-meal poultice was accordingly applied.

Towards the latter end of January 1832, the tumour had attained the size of half of a large orange, the base extending to the anterior superior spinous process of the ilium on one side, nearly to the median line on the other, and Poupart's ligament below. Fluctuation was now distinctly felt, and about the commencement of February a small ulcerated opening (situated exactly in the centre of a line drawn from the umbilicus to the anterior superior spinous process of the ilium) gave vent to a healthy purulent secretion, from which she experienced partial relief. After some days the discharge (which had not been very copious) diminished, and the orifice occasionally closed. Great suffering supervened; the base of the tumour feeling hard and dense, a probe at this time, when passed through the orifice, dropped by its own weight an inch and a half perpendicularly, the patient lying in the recumbent position. In the middle of February, from the irregularity of the discharge, I was induced again to pass a probe, and at about an inch from the surface, feeling distinctly a hard substance, I communicated the fact to my patient, who seemed much gratified at the prospect of relief. This substance daily approached nearer to the surface, and early on the morning of the 7th March, I received a note from the sister of the lady, "begging me to see her as soon as possible, as something black appeared to be working its way from her side, and she was suffering excruciating pain." I found, on my arrival, that an alvine concretion had just escaped through the opening, to her great relief, and two days afterwards a second followed the same track.

From this period she gradually recovered her health, although the cavity (which was considerable) filled up very slowly, not having finally closed until March 1833. She is now quite well, but has a sensation of contraction and slight pain in the part, on taking a long walk, or using great exertion.

These concretions resemble nutmegs, both in shape and size; the largest measures in circumference three inches in its longest axis, and two inches and a half around its shortest, weighing seventy-four grains. The smallest measures two inches and three-quarters in the circumference of its longest axis, and is of equal bulk with the other in its shortest, weighing sixty-five grains. Having made a section of one, I find it of about the consistence of hardened cerumen, and formed of concentric laminæ, alternating in a dark-brown and yellow hue. A portion when heated melts like wax, and emits a flame if ignited. They are both extremely rugged in appearance, similar to shagreen, with the exception of the extremities. Here they are smooth, and apparently worn by friction. Whether they were originally in the gall-bladder or intestines, I am unable positively to determine, although I should much incline to the former opinion, both being specifically lighter than water, feeling saponaceous to the touch, and not containing, centrically, any foreign body serving as a nucleus. It would appear from the direction of the passage and corresponding aperture, that they escaped straightway from the termination of the ileum or the caput coli, as there was no tortuous sinus indicative of their having traversed between the muscles from a distance. They are deposited in the Museum at the Bristol Infirmary in the valuable collection of my friend Mr. Richard Smith.

Bristol, April 25, 1833.

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LONDON MEDICAL SOCIETY

Monday, April 29th, 1833.

Mr. KINGDON, President.

THE INFLUENZA.

THE minutes being read and confirmed,

The PRESIDENT reverted to the prevailing epidemic, and said,—As this malady, Gentlemen, still seems to be rife in London, and as there is much anxiety in the public mind regarding it, in consequence of the number of deaths that are reported to have occurred from its attacks, whether mediate or immediate, it would be desirable for us again to communicate any information we may possess on the subject. Are the dispensaries more full than usual?

A MEMBER replied that he thought they were.

The PRESIDENT continued.—It was, I think, the opinion of the majority at the last meeting of the Society, that the headach was an invariable accompaniment of the disease. I have, however, seen some patients that have not complained at all of this symptom, but in whom the chief thing was a spasmodic cough, of so alarming a character to the persons affected

and their friends, that at the moment of the coughing it has been supposed to be croup, and I have been sent for under the full impression on their part, that the parties were dying of that affection.

Mr. BRYANT.—The last week has convinced me that an opinion which I have before expressed, as to the brain not being the most important part affected in this disease, is a correct one. I have, since last Monday, seen innumerable cases, in not one of which the cerebral inflammation assumed a serious character, while, in the course of the week, I have examined five cases which have died from the *catarrhal* affection. In three of those cases, the only appearances of consequence were found in the bronchial tubes, the whole extent of which was very red, assuming all the characters of severe inflammation, and completely filled with a muco-purulent secretion, producing death from suffocation. The other two cases died, if not from this cause, from peripneumony. As to the treatment, I am satisfied that the [illegible] exerts such a depressive influence [illegible] system, as to forbid depletion. It [illegible] attacked by calomel and anti- [illegible]on.—I certainly think that [illegible] more an accidental occur- [illegible] thognomic sign of the dis- [illegible]her the result of the con- [illegible]ing than a symptom in [illegible]ad in my own person a [illegible] this. Altogether, I do [illegible] pidemic as affording any [illegible]ns of its existence. It is [illegible]e disease. I have myself [illegible]l the symptoms which have [illegible]erated as distinguishing it, [illegible]n various cases. Perhaps the [illegible]nstant sign is fever—some degree [illegible]ebrile action. With regard to the novelty of the disease, I must say that, as regards all its circumstances, it is new to me. It is true I have occasionally had to treat catarrhal cases of the same kind, but I have never seen any disease of this description that has prevailed to such an extent. Indeed, to the great bulk of the profession, it must be a new disease, and I do not hesitate to say that this epidemic was so little understood at its commencement, that many cases were very ill treated. Not from any want of skill or judgment on the part of those practitioners who had to combat it, but because the epidemic broke upon them as a new affection, the nature of which was not known. The chief error was that of extensive depletion. The remedial means are now improved. During the last week, I have not lost any cases from the influenza itself, but where death has occurred, which has been in two cases, the aggravation of some previously-existing disease, in consequence of the depletion of the patient for an attack of the epidemic at its first appearance, has been the cause of fatality. One of them was a gentleman who had an affection of the liver, and he was so depleted for the influenza, that he died from the increase of the hepatic disease. The other case was that of a child in whom a fatal convulsive fit supervened, convulsions being a family affection. Where bronchitis only has existed, not a sign of danger has occurred. In cases where I have had the opportunity of inspecting the body, there has been inflammation of the substance of the lung, with resulting inflammation of the pleura, and emphysema of the lung. As to the treatment, I think that in a true case of influenza, the inflammation is of a specific character, which bleeding will not touch, but probably destroy, from its depressing effects. Neither do I agree with Mr. Bryant, that calomel is a proper remedy. I have derived no advantage from it beyond that of its purgative effects—a useful purpose, however, there being a demand for the evacuation of the bowels, in consequence of the morbid secretions which line the alimentary canal in this disease. My treatment has, in fact, been very simple; keeping open the bowels, and counter-irritation, have been the chief features. Although in common inflammations I regard calomel as holding the next rank to the lancet, yet in this disorder it has not a similar power. My great object has been to render the expectoration more free, and the pulmonary apparatus being thus relieved, the disease has gradually gone off, even indeed where crepitus of the lung has been distinctly heard.

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The PRESIDENT.—The affection of the limbs appears to me to be a very marked symptom in the epidemic. I have this week had four patients come to me with such violent pains in the limbs, that, conscious I suppose of their sins, they insisted that their system must be loaded with venereal disease, and that they must be fully mercurialized to drive the virus out. The strength of this impression was sur-

seed-meal poultice was accordingly applied.

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Dr. Whiting.—I certainly think that the headach is more an accidental occurrence than a pathognomic sign of the disease, and is rather the result of the concussion of coughing than a symptom in itself. I have had in my own person a certain proof of this. Altogether, I do not regard the epidemic as affording any *certain* indications of its existence. It is a most variable disease. I have myself seen almost all the symptoms which have been enumerated as distinguishing it, wanting in various cases. Perhaps the most constant sign is fever—some degree of febrile action. With regard to the novelty of the disease, I must say that, as regards all its circumstances, it is new to me. It is true I have occasionally had to treat catarrhal cases of the same kind, but I have never seen any disease of this description that has prevailed to such an extent. Indeed, to the great bulk of the profession, it must be a new disease, and I do not hesitate to say that this epidemic was so little understood at its commencement, that many cases were very ill treated. Not from any want of skill or judgment on the part of those practitioners who had to combat it, but because the epidemic broke upon them as a new affection, the nature of which was not known. The chief error was that of extensive depletion. The remedial means are now improved. During the last week, I have not lost any cases from the influenza itself, but where death has occurred, which has been in two cases, the aggravation of some previously-existing disease, in consequence of the depletion of the patient for an attack of the epidemic at its first appearance, has been the cause of fatality. One of them was a gentleman who had an affection of the liver, and he was so depleted for the influenza, that he died from the increase of the hepatic disease. The other case was that of a child in whom a fatal convulsive fit supervened, convulsions being a family affection. Where bronchitis only has existed, not a sign of danger has occurred. In cases where I have had the opportunity of inspecting the body, there has been inflammation of the substance of the lung, with resulting inflammation of the pleura, and emphysema of the lung. As to the treatment, I think that in a true case of influenza, the inflammation is of a specific character, which bleeding will not touch, but probably destroy, from its depressing effects. Neither do I agree with Mr. Bryant, that calomel is a proper remedy. I have derived no advantage from it beyond that of its purgative effects—a useful purpose, however, there being a demand for the evacuation of the bowels, in consequence of the morbid secretions which line the alimentary canal in this disease. My treatment has, in fact, been very simple; keeping open the bowels, and counter-irritation, have been the chief features. Although in common inflammations I regard calomel as holding the next rank to the lancet, yet in this disorder it has not a similar power. My great object has been to render the expectoration more free, and the pulmonary apparatus being thus relieved, the disease has gradually gone off, even indeed where crepitus of the lung has been distinctly heard.

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prising; they walked up and down the room, rubbing their limbs, and especially their arms, in the greatest agitation, and exhibiting such a degree of mental aberration, both in manner and conversation, that I could not resist from smiling at the exhibition, it was so ludicrous, though I nearly got turned out of my own house for treating the matter so lightly. I was enabled at last to persuade them to forego the mercurial course; yet up to this hour, such were the effects of the disease, that I have failed to make them believe that syphilis had nothing to do with it.

Mr. DENDY.—But perhaps these persons had really suffered from venereal disease acquired some time previously.

THE PRESIDENT.—Why a very large proportion of gentlemen in London, I apprehend, have had primary symptoms, without any reason to dread secondary, and I have no doubt that the apprehension in these cases was groundless.

Mr. DENDY.—I am happy to say, that my experience of the disease during the last week has not been so fatal as it was. In children with hooping-cough, the epidemic has proved very serious, but in other respects the young have generally got well very quickly. In an institution in which the average of admissions is usually 350 per month, the number for the month which ended last week was nearly 700. With regard to adults, I am confirmed in my opinion, that the first impression is made on the nervous system. In one case, the epidemic influence seemed to have the curious effect of cutting short a cough, in place of creating one. The wife of a tradesman had laboured under a severe cough for six weeks. Last Thursday I was sent for to see her in consequence of an attack of the influenza. I found her with headach, and febrile and other characteristic symptoms. I had her put to bed and treated accordingly; and on the day after found that the bronchial symptoms had left, and she has now all the symptoms of the influenza except cough. In fact, I have seen many cases in which the pectoral symptoms have been altogether absent.

The PRESIDENT having here made some remarks on the advantages derivable from such associations of medical men as the present—from the opportunity they afforded for individuals to gather the experience of many instead of one only—Mr. DENDY commented on the alleged discordance between the views and treatment of practitioners in this disease. We did not clearly understand the points of Mr. D.'s defence, but we believe he said that there were no such discrepancies amongst them as had been stated; that the only difference of opinion related to the proximate cause, the first influence, or impression, of the epidemic, but that as to treatment, the practice was very closely assimilated in all quarters. We do not think that Mr. Dendy is exactly borne out by facts in this averment. The general impression in the Society was evidently of a contrary nature, for casual references were repeatedly made this evening to the contrary testimonies of medical men as to the various *characters* of the disease; and as to the *treatment*, this report bears sufficient evidence that practitioners do differ very widely indeed on that point.

Dr. WHITING made some cautionary observations on the treatment of the epidemic in children. They presented, apparently, the highest febrile action, flushed face, pulse 140, tempting the practitioner to draw his lancet and immediately deplete; whereas he was sure that if they did so, the results would be serious, for the system, notwithstanding the appearances, was so depressed, that the patients would sink under it. Many lives he was certain had been lost by mistakes of this kind.

Mr. HEADLAND said, that an inquiry was well worthy to be instituted, as to the cause of the different fatality in the practice of gentlemen who were even residing in immediate neighbourhoods, where local differences could hardly exist. He said it appeared to him that the profession was too apt to be thrown off its guard by the outcry raised at the onset of an epidemic, and he thence deduced a cause for the differences in question, but we cannot be sure of having apprehended his explanation correctly, and do not, therefore, detail them. We believe, however, that he considered that the treatment generally had not been sufficiently prompt and active in the first stages. He approved of bleeding in it, but described his own treatment as being very simple. In a case of pneumonia, where he found the patient black in the face from suffocation, he merely applied mustard poultices to the feet, and they were followed by instantaneous relief; the cough abated, and the patient soon recovered. For coughs, he considered the carbonate and nitrate of potash, with the tincture of hyosciamus, the best remedy. With regard to calomel, he found that when it was used in the influenza, the debility on recovery was much greater than where it had been dispensed with.

Mr. HOWELL had had many cases, not one of which had proved fatal. He thought the fear of taking away blood a very silly one. He himself bled freely, and purged actively, giving a union of sulphate of

magnesia and antimonial wine. He thought that all the cases treated as influenza were not so, but that common inflammation of the lungs had been often reported as cases of the epidemic.

Dr. WHITING could not hear bleeding recommended without reverting again to the subject. He would do so by mentioning three cases of pure influenza that he had seen, in which each patient was bled, as though the inflammation, instead of being *specific*, and peculiar to this epidemic, was a common inflammation; and all of them had died. In one of them, a lady, although the bleeding produced momentary relief, yet at the next visit she was found labouring, both to the eye and the ear, under exactly the same symptoms as before that operation. It had not produced the slightest abatement of them. She was bled again, and was again temporarily relieved, but relapsed, and the next day was as bad as ever. Under the idea that this bleeding had not been carried far enough, she was a third time bled, and was once more revived; by this time, however, the depletion had been carried quite far enough, for the inflammation was gone; but the patient was going too, and died that night. The other cases were of precisely the same kind. He quite agreed with Mr. Howell that care should be taken not to confound other diseases with the epidemic.

Mr. HOWELL quoted two cases bearing a contrary character. A son was taken ill with the influenza, was bled, and recovered. The father was attacked. He belonged to one of the city companies, whose surgeon was promised to be sent to him. He did not come, and he (Mr. H.) was called in. He recommended bleeding, which was performed with benefit. The company's surgeon then came, and objected to the bleeding, prescribing calomel instead. Dr. Cholmondely was referred to for his opinion. He sided with Mr. Howell; and the end was that the depleting plan recovered the patient.

Dr. WHITING thought (from the symptoms detailed by Mr. Howell) that no gentleman in the room would have objected to bleeding in these two cases; but what he objected to was, the making bleeding the *means of cure* in the influenza. It might be quite right to begin the treatment in the early stage of the disease by the loss of a little blood, but its employment was very improper when the epidemic influence was acting in its full force.

Mr. STEPHENS then led the Society off to the subject of bleeding in general, as a canon in the treatment of disease, objecting that its employment was too universal. Mr. DENDY, as a disciple of Sydenham, replied to these treasonable doctrines. The President hoped the subject would at some future time be formally discussed; but the topic being german to the more immediate business of the evening, we skip it. At the adjournment, it was announced that the Society had but two more evenings of meeting in the present session.

ANIMAL MAGNETISM.

Report of the Experiments on Animal Magnetism, made by a Medical Committee of the Royal Academy of Sciences, Paris, and read at the Meetings of June 21st and 28th, 1831. Translated, and now for the first time published; with an Introduction and Appendix. By J. C. COLQUHOUN, Esq. Edinburgh, Cadell; London, Whittaker; 1833. 8vo, pp. 252.

THIS work consists of three distinct parts; first, an historical and explanatory introduction, in which are given the author's own views of animal magnetism; secondly, the report on animal magnetism lately made to the Academy of Sciences by one of its own sections; and, thirdly, an appendix, referring to the singular phenomenon of the transferrence of faculties from their usual and appropriate organs, to other parts of the nervous system, as has occasionally been observed in cases of catalepsy and somnambulism. The whole forms a curious work, and ought to obtain general attention.

Up to the present time "Mesmerism" has experienced little else than a contemptuous notice in this country, and we ourselves have not been backward in adding to the opprobrium which has been so lavishly bestowed on the doctrines and practice of "animal magnetism." Let us atone, then, for our error, if error we have committed, by giving a calm, dispassionate, notice of the work before us. Not that we comply with the views of Mr. Colquhoun, or yield an implicit credence to the conclusions formed by the reporters of the Academy of Medicine. The statement of *facts* we do not, we cannot, attempt to invalidate, and, on this occasion, at least, we shall not be so unphilosophical, or so illiberal, as to deny the existence of an

influence, which, in the present state of our information, we find it utterly impossible to understand.

In the introduction, which consists of more than one-third of the work, the author has entered into an elaborate view of his subject, and at page 8 explains the different modes in which "Mesmerism" has been practised in various countries:—

"There are various simple operations in almost constant practice among mankind, and performed, as it were, instinctively, which, from their very frequency and apparent insignificance, engage scarcely any part of our attention, and, consequently, give rise to no reflection. We find, indeed, a number of floating opinions relative to the nature and efficacy of some of these seemingly trifling operations, which have been transmitted from age to age, until they have been permitted to settle down and mingle with the elements of popular belief; but men of education have generally agreed to regard all such practices and opinions with indifference and contempt. It is quite possible, however, that these opinions and practices may be the rude relics of some branches of knowledge, which have been almost entirely obliterated from the records of human acquirement, leaving but a few traces behind, in popular superstition.

"In all ages, a certain medicinal virtue has been ascribed to the touch of the human hand, to the placing of it on a sick person, or rubbing with it any part of the body which may have been injured. Yet scarcely any attempt is now made to assign a cause for the soothing influence. Natural instinct prompts a patient to apply his hand to any part of his body in which he feels pain or has received a blow. In the same manner in headach, a colic, &c., we seek relief from the application of the hand to the region of pain, or from the same operation performed by another.* * * This process, indeed, appears to be sometimes adopted, also, as a general corroborant and preservative of health. In some parts of Bavaria the peasants regularly rub their children from head to foot before putting them to bed. The mode of taking the bath with friction and pressure, produces a refreshing and highly agreeable feeling, and cures or alleviates many diseases. In investigating the customs of different countries, we sometimes stumble on practices still more analogous to the magnetic processes. The author of the *Philosophie Corpusculaire* informs us that a family exists in the mountains of Dauphiné, that has been in the habit of magnetising, from father to son, for centuries, by conducting the great-toe along the principal ramifications of the nerves. Kieser mentions that a similar mode of treatment has long prevailed in many parts of Germany for the cure of rheumatic and other complaints. We have probably all heard of the virtue ascribed to the great-toe of King Pyrrhus."

The "charmed ring," the "blessed bramble," the touch of the "seventh son," of the royal hand, and other such alleged media of healing, have still their influence over the minds of thousands in modern and enlightened England.

At page 46 our author gives an account of Frederick Mesmer, who was a native of Switzerland, and was born in 1734. Having obtained his diploma of Doctor of Medicine, he wrote, in 1766, and publicly defended, a dissertation on the influence of the planets on the human body. At first he attributed this influence to a principle in electricity, but at length satisfied himself of the futility of that theory.

"After a variety of fruitless efforts, he at length, in the month of November, 1773, resorted to the magnet, to which his attention had been particularly called by the jesuit Maxmillian Hel, Professor of Astronomy at Vienna."

Having then resorted to artificial magnets in cases of disease, he published the results of his experience in a *Letter to a Foreign Physician on the Magnetic Remedy*. Mesmer's own accounts were highly eulogistic of the powers of animal magnetism over both the acute and chronic affections of the human body. The mystery, however, observed by Mesmer, always created a suspicion of his honesty in the minds of well-informed persons, and he was, by the most scientific of his brethren, spurned and rejected as a quack. In explaining his method of proceeding, our author remarks,

"He operated not only by the actual touch of his hands, or by means of an iron rod, extended to some distance from his body, but, by means of cords, he placed his patients in connexion with magnetized trees, or conducted the invisible magnetic fluid, out of covered vessels to the patients, who sat round in a circle, and by this treatment he was enabled to throw them into very peculiar states, which could not be properly called sleeping or waking, but presented some of the phenomena of

both. It sometimes happened, however, that neither of these arrangements was found necessary; for a single look from Mesmer was frequently sufficient to produce the same effects."

Our author does not state whether the eyes of Mesmer retained their alleged extraordinary influence over the minds and sensations of his patients when the patients were effectually blindfolded, as in some of the experiments conducted by the committee of the Academy of Medicine.

"In order, it is supposed, to increase the efficacy of his treatment, the chamber in which he performed his operations and cures, was darkened to a sort of twilight. Mirrors were placed around it, and a mysterious silence prevailed, interrupted by the tones of the Armonica, an instrument upon which Mesmer himself performed with great skill; or by those of the harpsichord."

Under such circumstances, it is impossible that Mesmer's practice could be regarded by intelligent people other than as a species of fraudulent humbug, and no cures that he could perform, no miracles that he could achieve, under such circumstances, would have gained him even an ephemeral reputation amongst an enlightened community. Animal magnetism, however, at last produced such a sensation in France, "that a royal man-"date was issued on the 12th of March, "1784, to the medical faculty, requiring "them to appoint commissioners to inves-"tigate the matter." In consequence of this ordonnance, two commissioners were appointed, "one consisting of the mem-"bers of the Academy of Sciences, the "other composed of members of the So-"ciety of Physicians." The reports of both commissioners were unequivocally unfavourable to the claims of animal magnetism. Jussieu, however, one of the commissioners, declined his acquiescence to this decision, and subsequently sent forth a production of his own, particularly favourable to the claims of Mesmer and his disciples. Nevertheless, from 1784, animal magnetism has been regarded as mere fudge by the best practitioners of England, and more or less scouted by the most reputable physicians on the continent. But in 1826, after a discussion in the Royal Academy of Paris, founded on the proposals of M. Foissac, a new commission was appointed, consisting of MM. Bourdois, Double, Itard, Gueneau de Hussy, Guersent, Fouquier, Laennec, Leroux, Magendie, Marc, and Thillaye. From the report of these commissioners we shall presently offer very copious extracts, but comment upon them we shall not, as the facts therein disclosed completely set at defiance the conclusions arising from the results of all our past experience. Our senses, on perusing them, seem mocked, and the judgment completely set at nought. The commissioners who acted on this occasion, are men of known respectability and veracity. Who, therefore, on the one hand, shall dispute their statements of fact; and who, on the other, admitting that they are true, can attempt to offer a scientific or physiological explanation of such extraordinary, such apparently incomprehensible, phenomena? Before entering on these extracts, however, let us quote Mr. Colquhoun's account of the mode of operating,—probably as he would pursue it.

"The magnetic treatment is either simple or compound. In the former case, the magnetizer operates solely by himself. In the latter, he makes use of certain external media. The simple magnetic treatment is usually administered with the hand, and is thence called *manipulation*. But the magnetizer can also operate without employing the hand—by breathing, or by fixing the eyes or the thoughts steadily and intensely upon the patient. When the magnetic connexion has been previously established, a single fixed look of the magnetizer, accompanied with energetic volition, has frequently been found sufficient to throw the patient into the state of magnetic sleep, or somnambulism.

"The magnetic treatment by *manipulation* comprehends several modes of touching and stroking with the hand, which could not be described here particularly, without leading us into prolixity. The usual method is to stroke repeatedly with the palms of the hands and the fingers in one direction, downwards, from the head to the feet, and, in returning, to throw the hands round in a semicircle, turning the palms outwards, in order not to disturb the effects of the direct stroke. To magnetise in the contrary direction—that is, from the feet upwards towards the head—not only counteracts the effects of the former method, but frequently operates of

itself, prejudicially, especially in the case of irritable subjects. If we attempt to operate with the back of the hand, no effect whatever will probably be produced upon the patient. If, in the course of this process, the hands or fingers of the operator are made actually to touch the body of the patient, it is called *manipulation with contact*. If, on the contrary, the operation is conducted at some distance, it is called *manipulation in distans*.

"The *manipulation with contact* is of two kinds. It is accompanied either with considerable pressure, or with light touching, manipulation with *strong* or with *light* contact. The manipulation with strong contact is certainly the most ancient, and the most universally prevalent mode of operating, and traces of it are to be found in almost all ages and countries. In manipulating with light contact, the hand, indeed, is conducted very lightly along the body of the patient; but the magnetizer must perform this operation with the utmost energy, and always have the desire of applying strong pressure to the body of the patient.

"The *manipulation in distans*, is applied at a distance of from generally two to six inches from the patient's body. In the case of very susceptible persons, it is performed at a still greater distance. The effects of this mode of manipulating are less intense than those produced by actual contact, and, besides, it requires a greater energy of volition on the part of the magnetizer. It is, however, frequently employed in magnetizing very irritable patients, who cannot endure any stronger method.

"It would be tedious to enumerate and describe all the various kinds of manipulation detailed in elementary works on this subject. They may all of them, however, be combined, according to the skill and judgment of the magnetizer, who will vary his modes according to the effects produced, and the degree of sensibility evinced by the patient. I must not, however, pass unnoticed the method of administering animal magnetism, adopted and recommended by Professor Kluge, in his work.*

"Before commencing the magnetic manipulations, it is necessary that both the magnetizer and the patient should be conveniently placed, in order that the former may be enabled to perform his operations, and the latter prepared for the expected crisis of sleep. A semi-recumbent posture of the patient, is, upon the whole, the most convenient, the body being, at the same time, so far bent, that the operator can reach, without difficulty, from the crown of the head to the toes. Should the patient be unable to leave his bed, we must endeavour to place him in a proper bended position, by means of pillows. It is not necessary that the patient should be completely undressed, only no silk covering should be allowed to intervene. The best situation, perhaps, in which a magnetic patient can be placed, is in an easy arm-chair, with his hands resting on the arms, his feet upon a foot-stool, and his knees bent somewhat forward. The magnetizer then places himself upon a common chair, opposite to the patient, and so near as to be able to enclose his knees within his own, but without designedly touching them. The magnetizer then proceeds to the manipulations, which are distinguished into the *preparatory* and *effective*. The preparatory manipulations are then performed in the following manner.

The operator lays hold of the shoulders of the patient, with both his hands, in such a manner that the balls of his thumbs are placed in the arm-pits, and the other fingers rest upon the shoulders. In this position he continues for a few seconds, excites in himself the intention of pressing the shoulders together, and then laying hold of the upper part of the arms, glides down to the elbow, tarries there a little, and then proceeds down to the hands, where he applies the points of his thumbs to those of his patient, and allows the remaining fingers to rest upon the back of the patient's hands. He then returns by means of the dorsal manipulation (i. e. the hands being thrown round in a semicircle, in the manner already described) to the shoulders, and repeats the same operation two or three times, after which he commences the effective manipulations, of which a general description has already been given."—pp. 80, 84.

We should now proceed at once to the French Report, but before doing so, are disposed to give animal magnetism the benefit of the opinion expressed thereon in his Elements of the Philosophy of the Human Mind, vol. 3, 4to, p. 221 (by the late Dugald Stewart)—a writer whose philosophic habit of mind and mode of treating abstruse subjects have long been in high repute in this country. There are few persons who would not be willing to approach the subject under review, with a knowledge of the estimation in which it was held by so calm and considerate a man.

* "Versuch einer Darstellung des Animalischen Magnetismus, &c. Berlin, 1815."

"Among all the phenomena to which the subject of imitation has led our attention, none are, perhaps, so wonderful as those which have been recently brought to light by the philosophical inquiries occasioned by the medical pretensions of Mesmer and his associates. That these pretensions involved much of ignorance, or of imposture, or of both, in these authors, has, I think, been fully demonstrated in the very able report of the French academicians (1784). But does it follow from this, that the *facts* witnessed and authenticated by these academicians, should share in the disgrace incurred by the empirics who disguised or misrepresented them? For my part it appears to me that the general conclusions established by Mesmer's practice, with respect to the physical effects of the principle of imitation and of the faculty of imagination (more particularly where they cooperate together), are incomparably more curious than if he had actually demonstrated the existence of his boasted fluid. Nor can I see any good reason why a physician who admits the efficacy of the *moral* agents employed by Mesmer, should, in the exercise of his profession, scruple to copy whatever processes are necessary for subjecting them to his command, any more than he would hesitate about employing a new *physical* agent, such as electricity or galvanism. The arguments to the contrary, alleged by the commissioners, only show that the influence of imagination and of imitation is susceptible of a great abuse in ignorant or in wicked hands. And may not the same thing be said of all the most valuable remedies we possess? Nay, are not the mischievous consequences which have actually been occasioned by the pretenders to animal magnetism, the strongest of all encouragements to attempt such an examination of the principles upon which the effects really depend, as may give to scientific practitioners the management of agents so peculiarly efficacious and overbearing? Is not this mode of reasoning perfectly analogous to that upon which medical inquirers are accustomed to proceed, when they discover any new substance possessed of *poisonous* qualities? Is not this considered as a strong presumption at least, that it is capable of being converted into a vigorous remedy, if the appropriate disorder to which it is specifically applicable could only be traced? And has it not often happened that the prosecution of this idea has multiplied the resources of the healing art?"

To the report lately made to the French Academy, the signatures of the whole of the committee are attached, with the exception of those of MM. Double and Magendie, who "did not consider themselves entitled to sign it, as they had not assisted in making the experiments." The fact bespeaks our praise. It commences by an account (drawn up by M. Husson) of the circumstances under which the present inquiry was commenced. Among the disciples of magnetism was a young physician named Foissac, "who proposed to submit to their examination a somnambulist who appeared to him to be capable of throwing light upon the question." The result was a conclusion on the part of a small preliminary committee; that magnetism ought to be subjected to a new and full investigation, and the late special committee was accordingly appointed by the Academy to conduct it. M. Foissac's somnambulist was examined. She presented only "a few curious physiological phenomena." The importunities of the committee "fatigued her, and she ceased to be placed at their disposal." They then searched the Parisian hospitals for means of proceeding. The *Salpêtrière*, of which they had great hopes, afforded them no results. They went to the others, but *there*, obstacles proceeding from "unknown causes soon arrested their labours." The committee were then reduced to their individual resources, they made an appeal "to all the physicians who were known to make animal magnetism the object of their researches," and were accordingly effectually assisted by several of them—by M. Foissac and M. Dupotet in particular.

"Nevertheless, Gentlemen," say the committee, "do not believe that in any circumstances we entrusted to others than our own members the task of directing the experiments which we witnessed, or that any other than the reporter held the pen, at any instant, for the purpose of compiling the minutes of the procedure, and of noting the exact succession of phenomena which presented themselves. The committee proceeded with the most scrupulous exactness. We always ourselves directed the modes of experimenting, the plan of inquiry, and the course to pursue. We have always been present, and always impressed our own direction on everything that has been done. We felt that the solution of the question before us

was so delicate, that we should trust none but ourselves, and that you could trust only to our guarantee. From this rigorous exclusion, however, we have thought proper to except a very curious phenomenon observed by M. Cloquet, which we have admitted, because it was already the property of the Academy, the section of surgery having previously investigated it. * * * We always entertained the greatest distrust of wonders to come, and this feeling constantly predominated during all our researches. * * * What we have seen in the course of our experiments, bears no sort of resemblance to what the report of 1784 relates with regard to the magnetizers of that period. We neither admit nor reject the existence of *a fluid*, because we have not verified the fact; we do not speak of the *chain of* hands, of *application* to the hypochondriac region and stomach, of accompanying *music*, nor of large assemblages magnetized altogether; because all our experiments were made in complete stillness and rigorous silence, without any accessory means, never by immediate contact, and always upon a single person at a time. We sought to be inquisitive, mistrustful, and exact."

We have selected these preliminary sentences from the exordium with fidelity, and the committee having secured the attention of their hearers by such important declarations, proceed to detail what they observed. The statements are all of them so new to English ears, and come to us in so honest a guise, that our difficulty does not consist in extracting that which is suitable, but in rejecting that which is superfluous or uninteresting. As we find that one or other of the following modes of operation was adopted in *all* the experiments, and as the account occupies but a brief space, we shall extract the paragraph containing them.

"The person to be magnetised was placed in a sitting posture, either in a convenient elbow-chair, or on a couch, or sometimes in a common chair. The magnetiser, seated on a chair a little more elevated, opposite, and at about a foot from the patient, seemed to collect himself for some moments; during which he took the thumbs of the patient between his own fingers, so that the interior parts of the thumbs were in contact with each other. He fixed his eyes on the patient, and remained in the position until he felt that an equal degree of heat was established between the thumbs of the magnetiser and the magnetised. He then withdrew his hands, turning them outward, placed them on the shoulders, where he allowed them to remain about a minute, and conducted them slowly, by a sort of very slight friction, along the arms to the extremity of the fingers. This operation he performed five or six times, which the magnetisers call a pass. He then placed his hands above the head, held them there a moment, drew them downwards in front of the face, at the distance of one or two inches, to the pit of the stomach, resting his fingers upon that part of the body, and then descended slowly along the body to the feet. These *passes* were repeated during the greater part of the sitting, and when he wished to terminate it, he prolonged them beyond the extremity of the hands and feet, shaking his fingers each time. Finally, he made transverse passes before the face and breast, at the distance of from three to four inches, presenting his two hands approximating to each other, and separating them abruptly. At other times he approximated the fingers of each hand, and presented them at the distance of three or four inches from the head or the stomach, leaving them in this position during one or two minutes. Then withdrawing and approximating them alternately with more or less rapidity, he imitated the movement which is performed when we wish to shake off a liquid which has moistened the extremity of our fingers."

In enumerating the facts observed, the committee classify them under the following heads:—

"I. Magnetism has no effect upon persons in a state of sound health, nor upon *some* diseased persons.

"II. In others, its effects are slight.

"III. These effects are sometimes produced by *ennui*, by monotony, by the imagination.

"IV. We have seen them developed independently of these last causes, most probably as the effect of magnetism alone."

I. As an instance of the first, the reporter of the committee states, that he several times submitted to the operation of magnetism, with extreme patience, both in health and disease, without the slightest effect. M. Demussy also afforded no results. M. Bourdois, a subject declared to be particularly favourable to magnetism, experienced no effect, though his pulse in 33 minutes fell from 84 to 72. M. Itard experienced a rise of 14 in the pulse, headach, and dryness of the tongue, and seem-

ing alleviation of rheumatism in the stomach, during 14 minutes of operation. These, however, are classed amongst "no effects," but are allowed to form a link between divisions I. and II.

II. M. Magnien, M.D., ætat. 54, constantly experienced a sensation of a change in the pulse and inspirations, and a sensation of coolness of those parts of his body to which the fingers of the magnetizer were directed, and so kept for a long time. This, never once during six sittings, failed to present itself. M. Roux, a colleague, experienced diminution of the inspirations and pulsations; slight heat in the stomach; great coolness in the face; a sensation of a vaporisation of ether; and a disposition to sleep. Anne Bourdin, Hôtel Dieu,—pulse and breathing increased; head grew heavy; sleep for some minutes; alleviation of a headach; no relief of neuralgia of the eye.—Theresa Tierlin, Hôtel Dieu; inspirations varying; pulse increased; shrunk from the hands of the magnetizer, but followed them with her eyes as though fearful of injury; teazed and annoyed during five sittings, which ended in disappearance of pain in the lumbar region. To the amelioration of the insignificant disorders in these cases, the committee attach no importance.

III. In cases in this division it was impossible to avoid recognising the influence of the imagination,—an influence, the force of which produced the same effects, probably, as if the parties had really been magnetized. In one case, the patient, having amaurosis, after the eighth sitting experienced even a more decided tendency to sleep, though less agitation, when the magnetizer, pretending magnetism, was placed silently behind her. In Louisa Ganot, a leucorrhœal and hysteric patient, the same convulsive motions, sighs, and stiffness of the arms, occurred, when the magnetizer was standing two feet from her in front, quite still, but "having an energetic intention of producing magnetic "phenomena." The same occurred when she was placed in the same position, the magnetizer being at home. In a man, at the Hôtel Dieu, ætat. 27, a similar *belief* that the operation of magnetism was going on, produced like phenomena as when the process was being performed.

IV. In the cases ranged under this division, the committee declare that it would have been difficult for them not to admit magnetism as the cause of the phenomena. We extract three cases *seriatim*.

Case 1.—"A child, ætat. two years and four months, subject, like its father, of whom we shall speak in the sequel, to attacks of epilepsy, was magnetized by M. Foissac, October 26, 1827. Almost immediately after the commencement of the treatment, the child rubbed its eyes, bent its head on one side, yawned, appeared agitated, scratched its head and ears, contended against sleep, and soon grumbled. It desired to make water, after which it appeared very sprightly. We magnetized it again, but produced no symptom of drowsiness, and terminated the experiment.

Case 2.—"There occurred to us a similar case of a deaf and dumb lad, ætat. 18, long subject to very frequent attacks of epilepsy, whom M. Itard wished to be magnetized. He was accordingly magnetized fifteen times. The epileptic attacks were entirely suspended during the sittings, and did not return until eight months afterwards, — a circumstance unprecedented in the history of his disease. During the treatment he had heaviness of the eyelids, a general numbness, a desire to sleep, and sometimes vertigo.

Case 3.—"A still more decided effect was observed in M. Itard, a member of the committee, on a second trial, on Oct. 27, 1827, when he was magnetized by M. Dupotet. He then experienced a heaviness without sleep, a decided sensation of a peculiar nature, a setting on edge (*agacement*) in the nerves of the face, convulsive motions in the nostrils and muscles of the face and jaws, and a flow of saliva of a metallic taste, analogous to that of galvanism. The two first sittings produced headach, which lasted several hours, and at the same time his habitual pains (chronic rheumatism, of nine years standing, in the stomach) were considerably diminished. A year after this, M. Itard, who had pains in the head, was magnetized eighteen times by M. Foissac.[2] The treatment almost constantly produced a flow of saliva, twice with a metallic flavour. We observed little motion and muscular contraction, excepting some twitchings of the tendons of the fore-arm and legs. He told us that his headach ceased each time after a treatment of from twelve to fifteen minutes, and that it entirely disappeared by the ninth sitting, when it was recalled

by an interruption of the magnetic operations for three days, and was again dispersed by the same means. He experienced during the treatment a sensation of general health, an agreeable disposition to sleep and somnulency,* with vague and pleasant reveries. His complaint underwent, as before, a sensible amelioration, which, however, was not of long duration after he ceased to be magnetized.

"These three cases appear to your committee to be well worthy of remark. The child and the deaf and dumb lad were ignorant of what was done to them, and most certainly it is impossible in either case to attribute to the imagination the sensibility to magnetism. Still less is it attributable to this in the case of M. Itard, —a man well capable of guarding himself against mental error and sensible delusion."

After the relation of these cases, the committee notice at great length the subject of the "magnetic sleep" or "somnambulism," words which they deem improper, but have adopted for want of a good substitute. The meaning of the term will be gathered from the statements which follow.]. They speak of it as a "singu- "lar phenomenon, worthy of attention and "investigation." The first case in which they witnessed its effects was at the Hôtel Dieu, where a female, ætat. 16, who had a catamenial suppression, was magnetized eight times. At various times she was put to sleep by M. Foissac, and, it is said, made no answer when spoken to, was not woke by the loud fall of an iron screen and a board, but did so, with a start, at the fracture of a glass bottle and the ringing of a copper basin; answered by yea and nay motions of the head; was pinched to lividity without noticing it, and did not regard a first application of ammonia to her nose, but when she awoke, complained of cerebral pain from the fumes, and of the effects of the pinch. She was insensible to the tickling of a feather in the nostrils and on the lips. In a man, a severe pinch was not remarked, but he answered questions as to a pain from disease, which he felt. His eyelid was raised with difficulty, the ball was turned convulsively to the top of the orbit, and the pupil contracted.

But while relating these apparently uncoloured phenomena, cases occurred to the committee "proving with what distrust "they ought to regard the promises of some "alleged somnambulists," as to what they would do when awake. One of them was "at fault every time;" another "did not fulfil any of the promises she had made;" a third erred or deceived "in all her annunciations of what was to happen." In a second series of cases, where the magnetizers had declared that the somnambulists should, while in the magnetic sleep, do every thing that the magnetizer pleased, we find nothing accomplished especially worthy of being transferred to our pages from the earlier cases (though some of the effects were rather strange) excepting the subjoined:—

"It was principally in the case of M. Petit, tutor at Athis, ætat. 32, that the convulsive motions were developed with the greatest precision, by advancing the fingers of the magnetizer. M. Dupotet presented him to the Committee, informing them that this M. Petit was very susceptible of somnambulism, and that when in this state, he, M. Dupotet, could at pleasure, and without speaking, by the mere approximation of his fingers, produce visible convulsive motions in those parts which the committee should point out by writing. The patient was very speedily set asleep, and then the committee, in order to prevent all suspicion of collusion, handed over to M. Dupotet a note written at the moment in silence, in which they pointed out the particular parts which they wished to be convulsed. Provided with these instructions, he first directed his hand towards the left wrist, which became convulsed; he then placed himself behind the patient, and directed his finger first towards the left thigh, then towards the left elbow, and, at last, towards the head. These three parts almost immediately became convulsed. M. Dupotet directed his left leg towards that of the patient, which became so much agitated that he was upon the point of falling. M. Dupotet then directed his foot towards M. Petit's right elbow, which became agitated; he afterwards carried his foot towards the elbow and the left-hand, and very strong convulsive motions were developed in the whole upper part of the body. One of the committee, M. Marc, in order still farther to prevent every kind of deception, put a bandage upon the eyes of

* "The 'somnulency' in these cases appeared to be the transition from the waking state to that which is called the 'magnetic sleep,' or 'somnambulism.'"

the patient, and the same experiments were repeated with a slight difference in the result. After an instantaneous mimic signal from one or two of us, M. Dupotet directed his foot towards the left-hand: at its approach both hands became agitated. We desired that the action should be carried at once to the two inferior members. At first, the fingers were approximated without any result. Soon afterwards, the somnambulist first moved his hands, then drew back, then moved his feet. A few moments later, the finger approximated to the hand, made it draw back, and produced a general agitation. MM. Thillaye and Marc directed their fingers towards several parts of the body, and excited some convulsive motions. Thus, M. Petit was always affected with these convulsive motions, upon the approximation of the fingers, whether he had or had not a bandage upon his eyes; and these motions were more decided when there was directed towards the parts subjected to experiment a piece of metal, such as a key or the branch of a pair of spectacles. To sum up the whole, your committee, although they have witnessed several cases in which this contractile faculty has been put in play by the approximation of the fingers or pieces of metal, have need of new facts in order to enable them to appreciate this phenomenon, upon the constancy and importance of which they do not conceive themselves sufficiently informed to entitle them to pronounce a decided opinion.

"Reduced, in consequence, to the necessity of relying upon our own unceasing watchfulness, we pursued our researches, and multiplied our observations, with redoubled care, attention, and distrust."

Here our analysis and extracts must close for the present week. On resuming the subject we shall commence with an account of some proceedings during which the success of the magnetiser, "entirely justified the expectations," say the committee, "which he had previously held out to them."

ALLEGED RARITY OF TRUE PUERPERAL FEVER.—We have the testimony of one of the most eminent practitioners in midwifery in Glasgow, who has been engaged in very extensive practice for upwards of a quarter of a century, that he never saw more than twelve cases of real puerperal fever.—*Glasgow Med. Journ.*

THE LANCET.

London, Saturday, May 4, 1833.

PETITIONS, we regret to notice, consisting of the most discordant statements and materials, relating to the imperfections of our medical laws, are flowing in from all quarters on the members of the Government.

Is this wise? What can non-medical men, however well-intentioned, concoct out of such a heterogeneous hotch-potch? Are the members of the profession without heads? Are their brains destitute of the power of entering into methodical arrangements? Has self-interest so fast a hold upon us that we can see only our individual grievances, and remain blind and insensible to the violent injustice under which others of our brethren are labouring?

Politically,—we shall not disguise the fact,—we are strenuously and unsubduingly opposed to ministers; but from what we have recently learned of their intentions in connexion with some proposed amendments of medical law, we feel disposed to award them the highest praise for clear-sightedness, promptitude, and impartiality.

Oh! how perseveringly, and, we trust, how consistently have we denounced that vile, that atrocious, that plundering Apothecaries Act of 1815! During nine long years has THE LANCET, alone, been directing attention to the enormities of that most foul and ill-begotten measure.

And what was, for years, the response,—to our arguments which were unanswerable,—to our denunciations which could not be averted? Calumny from the hired agents, from the interested clique, of the "associated" dealers in drugs,—a faint whisper of discontent from the victims of the Act—a whisper as puerile as their wrongs were great and undeniable.

Before petitioning the Legislature for new statutes for the government of practitioners of medicine, the existing medical statutes should be examined with the most scrupulous attention, and a steady eye should be directed to the state of medical science in this country.

One class of petitioners, we perceive, is striving to obtain the *concours* as the means of election to the chairs of professors, and the offices of hospital physician and surgeon, and at the same time urging "that the only remuneration which "a physician or surgeon shall obtain for "discharging his duty in any charity, "shall be the public reputation of having "been chosen in consequence of his "talent, and the abundance of practice "that thus would inevitably ensue."

This is an improvement of the present system with a vengeance! Why this is absolutely levying the heaviest possible tax upon talent, and taking some pains to *prevent* the patients of the charity from obtaining the best and most assiduous attention of their own medical officers!

Such petitions as these prove that the Government should not proceed hastily in framing any measure for removing partial abuses, and instituting partial advantages. The petitioners in this instance, are men who are excited by the strongest zeal in the cause of medical reform, and whose motives are as pure as their exertions are unremitting. But to call for the *concours* before the *rights* of the members of the profession are recognised in an equitable enactment of the Legislature, and before that self-same statute shall, by throwing down all the monopolies, give a full and comprehensive scope to the ample completion of medical education in this country, and to the unqualified recognition of medical acquirements of *foreign* importation, would be to propose that the best of a set of mongrel horses should win the race, and, consequently, the prize, without making the least provision for the rearing of a fleeter and more competent breed. The race amongst the mongrels may, it is true, lead to a just comparison of their relative merits, such as they are, and secure the prize for the best; but it would be the best of the bad, and would be a triumph only by contrast, and an advantage only by inference,—questionable enough, as fatal events would prove.

The monopolies of the medical corporations once destroyed—medical education set entirely free—all the practitioners of England, Ireland, and Scotland, entitled, under the law, to the enjoyment of equal rights and privileges,—then would the *concours* obtain for the profession the highest possible renown, while it would secure to the public the exercise of the largest recognisable share of medical knowledge. Nothing, however, can be more preposterous than a proposal to reward the labour of such men by indirect means, or, rather, by allowing officers thus chosen and appointed to their stations to obtain payment by bestowing attentions on the rich, to the neglect of their duties towards the poor; for where the pay is found, there will be the labour. What would be thought of barristers if they were to petition the legislature, at a *concours* of the legal profession, that the judges should have no reward for their judicial services, except by the practice which they could acquire, when opportunities offered, by pleading the causes of wealthy clients? Under such a dispensation what would become of the poor? Why *they* would be sacrificed, and these impartial and disinterested judges would, to use the language of Shakspeare, "hang the guiltless rather than eat their mutton cold." This mode of *indirect* payment, is one of the very worst features in our *present* hospital system, and yet, for the perpetuation of that scandal to the governors and medical offi-

cers, and that injury to the public, has Parliament already been petitioned, and is to be petitioned again!

We say then to Ministers, whose intentions on the subject of medical reform we believe to be most upright and liberal,—"Investigate; inquire fully before you "establish any new law for medical go- "vernment founded on the destruction of "Charter sand Acts already in existence, "and it will be found that nearly every "corporation in the profession is a mono- "poly, supported by the self-perpetuating "principle of internal close election. The "corrupt are empowered to elect the cor- "rupt,—the liberal candidates always ap- "pearing as the defiled in the eyes of the "selfish conductors."

That the Scotch and Irish graduates and licentiates of the Dublin and Edinburgh Colleges of Surgeons, are entitled to be relieved from the odious restrictions of the Apothecaries Act, not a reflecting man in England will deny, unless he view the question in the light of our correspondent "VERIDICUS;" but shall the Scotch and Irish diplomatists be relieved from the penalties of the Act of 1815, and the Fellows, Licentiates, and Diplomatists, of the London Colleges of Physicians and Surgeons be doomed to remain under the ignominious ban of the knot of worthies associated in Rhubarb Hall? Such a circumstance is impossible. The first step, therefore, towards the destruction of abuses in the profession, towards the demolition of the monopolies, towards establishing a kind and social feeling throughout all ranks of practitioners belonging to all the colleges of Great Britain and Ireland, would be the total repeal of the Apothecaries Act of 1815, by which measure a retail drug company, in addition to the pleasure derived from eighteen years domineering over all the physicians and surgeons in the empire, have netted upwards of forty thousand pounds, without presenting the public with the equivalent of a single farthing.

Several correspondents have suggested that a public meeting of the profession should be called, in order that the practitioners of London might petition the Legislature in a body. We merely allude to the proposal, without offering any opinion as to the propriety of acting on such a suggestion. The deliberations of a public meeting might exert considerable influence with the Legislature, but explanations furnished to members of Parliament privately, may prove, and have proved, equally effective.

THE intention expressed by more than one member of the Government, of amending the Anatomy Act, is, for the present session of Parliament, *abandoned*,—as it is hoped that some new regulations, tending entirely to the abolition of the atrocious practice of buying and selling the dead, will effect nearly all that can be desired with regard to furnishing the schools with an ample supply of subjects at the smallest possible expense. The scheme for raising the funds from the schools for discharging the expenses incurred by the working of the Act, not having yet been developed by the Minister, we shall state no opinion regarding it, contenting ourselves by observing, that we have been given to understand that the tax is to be levied under one of the clauses of the intended new Stamp Act. Although we are ready to acknowledge that Government is displaying a kindly and liberal disposition towards the profession, yet our duty and our experience of the wants of society compel us to declare, most explicitly and conscientiously, that the expenses incurred under the Anatomy Act,—an Act which was framed for the preservation of the *whole* community, and not the welfare of a particular class of individuals, should be de-

frayed out of the public treasury, and not out of the restricted means of either lecturers or pupils. But we shall refrain from hazarding a single other expression on the subject, until the CHANCELLOR OF THE EXCHEQUER has made a formal announcement of his proposal.

DUTY demands from us an announcement of the decease of Dr. BABINGTON, late of Aldermanbury. He expired under the influence of the prevailing epidemic, at his house in Devonshire-street, on the evening of Monday last, after an illness of a few hours duration, and at the advanced age of 76. He was, we believe, very much respected by a wide circle of acquaintance, but was never recognised by the intelligent portion of the profession as a *scientific* practitioner, although at one period he commanded the largest physician's practice in the metropolis. His treatment was generally palliative, and was rarely directed with vigour or skill towards the accomplishment of an effectual cure, by removing the *cause* of the malady.

WE have received the foreign journals up to the 28th of April. They are perfectly devoid of interest to the English reader, being almost exclusively occupied by extracts from our own periodicals.

THE epidemic affection of the joints to which we alluded in recent numbers, has nearly ceased in Paris. The influenza has, however, shown itself there, though rather in a sporadic than an epidemic form. Cases of cholera are still occasionally met with. We learn that the influenza, or, as it is there called, the "grippe," has made its appearance at Vienna, and that the cholera rages furiously at the Havannah.

EXISTENCE OF AZOTE IN RICE.—MM. D'ARCET and PAYEN have at length succeeded in proving, beyond dispute, that rice contains a very considerable proportion of nitrogen—a fact long the subject of controversy between MM. Vauquelin, Braconnot, and Vogel.

COMPLAINT FROM THE OPERATION THEATRE OF ST. THOMAS'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—Students, whenever they have grievances to complain of, whether slight or severe, naturally first seek your assistance, which has ever been employed in contending for their rights.

I venture to throw out a hint which, if noticed and put into effect by the surgeons of St. Thomas's Hospital, would be of great importance to myself and fellow pupils. On Friday last, two operations were performed at St. Thomas's, one of an interesting nature, and it therefore attracted a greater number than usual of the medical students of both schools. This was the ligature of the femoral artery for popliteal aneurism, by Mr. Tyrrell.

Owing to the dressers of the several surgeons being allowed to stand around the operating table, nearly the whole of the students were prevented from seeing, or from even getting a glimpse of, the operation. This annoyance ought certainly to be remedied, by enforcing an arrangement that each of the dressers, except those in waiting on the operator, should have his station among the other pupils, or occupy the two or three first rows, as the order which is placed up directs. While the present system of allowing them to stand around the table is allowed, there will always be a general dissatisfaction among the pupils who are thus deprived of their rights. I offer this hint, Mr. Editor, in the hope that before the students assemble again for the winter season, some fresh arrangements may be made to enable all to have a distinct view of every operation performed within the theatre. I am, &c.,

A MEDICAL STUDENT.

April 27th, 1833.

*** The complaint exhibited in this communication has been personally verified to us by the evidence of an eye-witness. The pupils, generally, seem at a loss to understand why the surgeons allow the dressers to pinion their arms and tread upon their toes during the performance of operations. We can clear up the mystery. Each dresser pays upwards of fifty guineas for these privileges, and the surgeons would rather incur these personal inconveniences, than yield to the sacrifice of so much money. The hospitals are their warehouses, and the suffer-

ings of the patients and the rights of the pupils generally, are the commodities in which they deal—cruelty to the former, and insult to the latter, being occasionally thrown into the scale as make-weights to augment the apparent value of the dresser-ship. But who, generally speaking, are the dressers?—Lads whose parents have furnished them with a large share of cash, but rather a small quantum of understanding. Is it not scandalous that the office of "dresser" should be sold to the highest bidder, and that merit on the part of the pupil is allowed to have no influence in the completion of the bargain? These sales must be abolished. The students themselves may apply the remedy for the evil noticed in the above communication. If the surgeons do not permit an undisturbed view of their proceedings, a return of entrance fees should be demanded—a requisition which can be enforced, without cost to the claimant, in a court of law. We append to this notice the following letter, since received from another student. Nothing but disgust and indignation can arise in the mind on witnessing such outrageous proceedings:—

To the Editor of THE LANCET.

SIR,—Two operations were performed at St. Thomas's Hospital on Friday last, not a clear view of either of which was obtained for ten consecutive moments by any pupil who was not a dresser. The floor of the theatre was choked by dressers and other intruders, obstructing the sight, and hindering the operators, from first to last. But for this, surely the man whose thigh was amputated would not have been nearly half an hour under Mr. Travers's hands. In the second case, such was the crowd around the unfortunate sufferer, that during the entire operation, the chain attached to some gentleman's eye-glass, kept dangling in and out of the patient's mouth, as he alternately opened and shut it in the agony of the occasion. Pray, notice these facts. To my mind it is sickening to witness the state of apathy to which an habitual intimacy with scenes of blood reduces the feelings of some spectators. I am, Sir, yours, &c.

A PUPIL OF ST. THOMAS'S.

May 1st, 1833.

REPORT OF SUCCESSFUL TREATMENT OF PULMONARY CONSUMPTION,

By DR. GIOVANNI DE VITIS, *Chief Surgeon of the Military Hospital of Capua.*

THE following startling statement should excite attention in a country ravaged, like Great Britain, by the dreadful scourge of pulmonary consumption. We think, however, that it will only be prudent to suspend our judgment on the nature of the facts related by the Italian physician, until the treatment recommended is subjected to ample repetition, and that under perfectly similar circumstances. The questions, too, may arise, were the cases described actual phthisis, or merely a simulating disorder? Were the stethoscopic phenomena accurately studied? Symptoms alone can never decide the first, and the stethoscope itself is certainly not infallible in distinguishing phthisis from chronic bronchitis, and some other readily curable affections. Nevertheless, when we look at the ciphers of the cases, these objections diminish in force; for if, on the one hand, it is difficult to suppose the cure of 27 cases of phthisis in the last degree, it is equally so to imagine the possibility of 27 cases of chronic bronchitis simulating phthisis, occurring consecutively in the same hospital. Another important point is the influence of a Neapolitan climate. Taking it for proved that M. Vitis has effected the list of cures which he publishes, it is still far from being established that the same treatment would prove equally happy in our less genial climate. The clinical facts he advances are these:—

"From the 1st of May 1828 to the 18th January 1832, have been dismissed cured from the military hospital at Capua, 40 patients affected with chronic catarrh, 47 labouring under phthisis in the first degree, 102 in the second degree, and 27 in which that disease had reached its third period; total 216. The treament consists in the administration, morning and evening of a spoonful of the subjoined solution: *Tartar emetic*, 3 grains; *Infusion of flowers of the elder*, 5 ounces; *Simple syrup*, 1 ounce. The diet composed of rice boiled down to the consistence of bouilli, and suitably sweetened. When colliquative diarrhœa exists, instead of this rice cream

two cups of chocolate, with two biscuits, are given morning and evening. When the solution of tartar emetic does not produce vomiting in a quarter of an hour, a second spoonful is sometimes administered. This is especially necessary for individuals of robust constitution. When it produces purging it should be suspended, and in the interval a mixture given of parched ipecacuan and foxglove, by which the diarrhœa is immediately checked. The following is the formula for this remedy :—

℞ *Powdered foxglove* 10 grains;
Ipecacuan roasted and powdered, 10 grains.

Mix exactly, and make ten pills, one to be taken every hour, or oftener even, according to the number and obstinacy of the evacuations.

This case is extracted by the *Annali Universali di Medicina*, Decemb. 1832, (whence through the *Archiv. Générale* for Feb. we obtain it,) "from a work " which Dr. G. de V."—as the *Dublin Med. Jour.* for May, in true Irish phrase, says—" is after publishing," on his treatment of consumption.

EXPERIMENTS ON THE

QUANTITY OF FOOD TAKEN,

COMPARED WITH THE SECRETIONS DURING THE SAME PERIOD.

By JOHN DALTON, F.R.S.*

THE following train of experiments was instituted for the purpose of finding the quantity of insensible perspiration as compared with the quantity of aliment taken. It may be proper to observe, that my habits, daily occupations, and manner of living, were exceedingly regular; my health during the time was uniform and good; and that the weight of my person has never been subject to much change since grown to maturity.

The first series of experiments was made in the month of March, for fourteen days successively. I had three meals each day, breakfast between seven and eight in the morning, dinner between twelve and one, and supper about seven in the evening; except on two days in which I had tea to breakfast, and again in the afternoon. The usual breakfasts consisted of boiled milk, with bread and a little oatmeal, and suppers were of the same, with the addition of bread, cheese, and beer. The dinners consisted of butcher's meat, potatoes, pies, puddings, bread and cheese. About one-third part of the bread used consisted of a thin oat-cake common in Westmoreland and Cumberland. I drank no water, seldom wine, and no fermented liquor, except common table-beer. The weight of the individual articles was taken at each meal separately, and entered in a journal, distinguishing fluids from solids.

A very short time showed that the daily demand for food, both solid and fluid, was nearly uniform as to quantity; and that the supply might have been made absolutely so without any inconvenience. But the diurnal evacuations were by no means so near uniformity. An aggregate of the articles of food consumed in the fourteen days is given below; and the mean proportions for one day are also given, neglecting small fractions.

	Consump. in 14 days. oz. avoird.		Consump. in 1 day. oz. avoird.
Bread, ...	163	..	12
Oat-cake, ...	79	..	6
Oatmeal, ...	12	..	1
Butcher's Meat,	54½	..	4
Potatoes, ...	130	..	9
Pastry, ...	55	..	4
Cheese, ...	32	..	2
	Total 525½ Solids.		38 Solids.

	Consump. in 14 days. oz. avoird.		Consump. in 1 day oz. avoird.
Milk, ...	435½	..	31
Beer, ...	230	..	16½
Tea, ...	76	..	5½
	Total, 741½ Fluids.		53 Fluids.

Thus it appears, that the average daily consumption of solid and fluid articles was 91 ounces, or a little short of 6lbs. avoirdupois. The distribution of the aliments into solids and fluids, as above, is evidently to be understood in a popular sense; as it is well known that all the solids contain a greater or less portion of water, and all the fluids a greater or less portion of solid matter. In fact, water must be considered as the basis of all the fluids. During all this period, a daily register was kept of the urinary secretion, and of the evacuation of the bowels. The total quantity of urine for the fourteen days was 680 ounces, and the total quantity of fæces was 68 ounces. The daily average was, urine 48½ oz.—fæces 5 oz., a greater disproportion than was anticipated, being nearly in the relation of 10 to 1; they amount together to 53½ oz. or 3¼lbs. nearly; but the quantity

* Condensed from the Memoirs of the Lit. and Phil. Soc. of Manchester.

of food taken daily was 91 oz.; there remains a balance 37¼ oz. to be accounted for, which must have been spent by the insensible perspiration from the skin, and that from the lungs conjointly, on the supposition that the weight of the body remained stationary.

I have already observed, that the daily evacuations were not so nearly uniform as was the quantity of food. The urinary secretion was greatest when tea was substituted for milk, and on one day was fifteen ounces above par. On another occasion, finding a greater defalcation than I had before observed, I could discover no cause for it, unless a teaspoonful or two of vinegar taken at dinner could account for it. To be satisfied of this, I took, some days after, an ounce of vinegar in four equal portions during one day; and the effect was a greater diminution of urine on that day than on any other during the two weeks, the quantity being fifteen ounces below the average, and four ounces less than on the former day when vinegar had been taken. There did not appear to be any increased effect in any other secretion as a compensation for this diminution.

In order to try the effects of different seasons, I resumed these investigations in the month of June the same year, and continued them for one week successively. The results were what might have been anticipated nearly. A less consumption of solids, and a greater consumption of fluids, were observed. The evacuations were somewhat diminished, and the insensible perspiration was increased. The following were the results:—

Solids consumed in 7 days.		Fluids consumed in 7 days.
236	.....	391
per day 34	.....	56 = 90 total,

being four ounces per day less in solids, and three ounces in fluids, than in the former trial.

The daily averages in the evacuations were, urine 42 ounces; fæces 4½ ounces; leaving a balance of nearly 44 ounces for the daily loss by perspiration, being an excess of about six ounces above that in the former season, or one-sixth more, owing, no doubt, to the higher temperature of the weather.

Another trial of one week's continuance was made in September the same year. The results were so nearly alike to those in June, as to render an enunciation of them unnecessary. The daily consumption of food was 93¼ ounces, and the perspiration one half of that quantity.

*** A fact has come out in the Report lately published by the Poor-Law Commissioners, which is worthy of being contrasted with a statement in the above article. Mr. Dalton says that "his manner of living was exceedingly regular," and that his consumption of solid food alone, averaged 525 ounces a fortnight, or 262 ounces a week. This quantity was just sufficient, in a man of quiet habits and philosophic pursuits, to keep him in uniform and good health. Now, the Poor-Law Commissioners state, that they have ascertained that 122 ounces of food is the average weekly allowance of an English agricultural labourer,—less than half the quantity of solid food that is sufficient to keep a man of comparatively sedentary occupations, in "uniform and good health"!—not one ounce of the difference in the quantity of nourishing and substantial *fluids* drunk by the gentleman and the labourer, being taken into account, though it is more than probable that the weekly consumption of 332 ounces of milk and good beer by the former, would have to be balanced (did we know the labourer's average) against about the odd 32 ounces of invigorating fluid on the part of the latter, the bulk of *his* perspiration being made up by water, or, at best, sour "field ale." The facts before us need no comment.

SUBSTANCES IN THE AUDITORY PASSAGE.

To the Editor of THE LANCET.

SIR,—Any foreign substance in the auditory passage occasions more or less of inconvenience in proportion to its size and the proximity it has acquired to the membrana tympani; and the injudicious attempts too often adopted to relieve the patient, give rise to inflammation, which is, in many instances, followed by purulent discharge. The membranous lining of the passage contracts from this cause, before and behind the substance, the pain arrives at a degree of intensity which induces fever, and life is sometimes in danger.

Cotton wool in the auditory passage has, in several cases, occasioned the most serious consequences. The following is an example:—In Oct. 1818, Mr. Woodhouse, who then kept the White Hart Inn at Bath, applied to me on account

of deafness, particularly on one side. He stated, that some years previous he had suffered so severely from a tumour below his ear, which extended down into his neck—that, on a consultation of seven medical men, his life was considered in danger. The tumour was opened, and a copious discharge followed. By antiphlogistic treatment, followed by tonics, he was saved, but was obliged to live most abstemiously, occasionally suffering pain in his ear, and a sense of weight in that side of the head. When I attempted to inspect his ear, I found it nearly closed up. I cautiously dilated the passage, and extracted four plugs of cotton wool, the two last almost black, and partly decayed. It appeared that he had been in the habit of placing cotton in his ears, some of the plugs of which he imagined had been lost, and replaced with fresh ones. Since the extraction of the above substances his hearing has returned, and all the pain, sense of fulness, and weight, are gone.

M. Itard relates the case of a young girl who fell into a state approaching marasmus, occasioned by an unaccountable salivation, which continued during two years, and was so profuse, that the saliva amounted occasionally to two pints and a half in the twenty-four hours. At length the surgeon thought of examining the auditory passage, from which he withdrew a large quantity of wool in a very offensive state. Two months after the stimulus was withdrawn, by judicious treatment the glands recovered their usual tone, and the girl was cured.

The late Mr. Abernethy, in his lectures which you published, mentioned methods of extracting substances from the auditory passage; amongst others, that of *contre coups*. This plan was so much at variance with common mechanical skill, that I made some rather severe remarks on it in my work, whilst Mr. Abernethy was alive, which I shall not now repeat. All scientific professional men agree, I believe, in one point—namely, that foreign bodies in the auditory passages are capable of producing serious local and general disturbance in the system, and sometimes fatal consequences. I have numerous substances which I have extracted from the auditory passage, such as hay-seed, grape-stones, lupins, peas, shells, large black-lead pencil points, wool, insects, &c. &c.; and by the aid of the fine steel hook, the plate of which I gave so long ago, very fine bent forceps, and other well-constructed instruments, I never met with one case in which I did not succeed, nor did I ever occasion pain to my patient.

Mr. Curtis does not appear to be sensible of the danger which the experience of all authors and surgeons declares *does* exist by allowing these substances to remain in the auditory passage, as will be evident by the following:—A young lady, the daughter of Mrs. W——, aged about four years, whilst at play, introduced a blue glass bead, the size of a pea, into her ear. The family apothecary was consulted, and the bead was distinctly seen; but he not having forceps fine enough to remove it, advised Mrs. W. to take her daughter to Mr. Curtis, who, he supposed, would have proper instruments for the extraction.

On the 11th of February 1830, Mrs. W. consulted Mr. Curtis, who saw the bead, which was superficially situated, but he declined making any attempt to extract it, saying he had frequently had cases of a similar nature, but never attempted to interfere with them; that the bead would probably come out of itself, and would do no harm. Mrs. W. was not convinced by this opinion, which she thought contrary to common sense. The child was deaf on that side, occasionally very restless, and the mother suffered much solicitude for a considerable time, when one morning, on looking into the ear, she perceived that the hole in the bead was just visible. She immediately straightened a double black pin, formed its end into a little hook, introduced it into the hole of the bead, and, to her great joy, performed the operation which Mr. Curtis did not think proper to attempt.

Hildanus relates the case of a girl aged ten years, who in play introduced into her left ear a glass bead of the size of a pea. After a short period, severe pain occurred in the auditory passage, and hemicrania succeeded, which was much increased during atmospherical changes, particularly in damp or rainy weather. Hemiplegia of that side and epileptic fits followed, all which symptoms ceased, and the girl was restored to health by the extraction of the bead.

A boy was brought to me about three weeks ago, one amongst great numbers of patients who from time to time have consulted me, after having been patients at "Mr. Curtis's Dispensary" during many months, without experiencing the slightest relief. The case of this boy was one of obstruction of the auditory passages by a dry, laminated, and filmy excretion, for which his mother received, by order of Mr. Curtis, a little paper of *superacetite of lead* of the most common quality, with directions to dissolve it in water, and syringe the ear therewith. In this case neither Mr. Curtis nor any of his assistants ever examined the boy's ear, although

the child attended the Dispensary a great number of times. What was the intention of this treatment in such a case, it would not be easy to say. The result was such as might be expected: the boy's hearing gradually became worse, and my advice was solicited; I examined the ear, applied solvents, in two days syringed it, and extracted the laminated substance, together with a piece of printed paper, and by subsequent treatment the boy hears perfectly. Had Mr. Curtis used his "auriscope," he might have read this piece of printed paper in the boy's ear!

I shall trouble you with a continuation of the subject of this paper, and offer some remarks on Mr. Henry Earle's operation on the boy's ear at St. Bartholomew's Hospital. I am, Sir, your obedient servant,

W. WRIGHT,
Surgeon-Aurist.

18, Sackville St., Piccadilly,
April 25th, 1833.

PATHOLOGY OF

PURPURA HÆMORRHAGICA.*

By GEORGE GARDNER, *Esq., Surgeon, Glasgow.*

THE next theory which presents itself for our examination, is that promulgated, in his lectures, by Dr. Hannay, professor of physic in the Andersonian University. This gentleman asserts that the disease is always produced by chronic inflammation of the veins, verging more or less to an acute form; and he grounds his opinion upon the fact, that in three successive dissections of individuals who died of purpura, the veins were found in a high state of disorganization, evidently the result of inflammatory action. I am not aware that these cases have been published, but the morbid appearance of the venous system, he maintains, was not to be mistaken, as particularly, the larger trunks were lined with a coating of purulent matter.

If it can be established that this is the true pathology of the disease, much benefit will result from the discovery respecting the means to be employed for its cure. As it is, there is no other theory which so satisfactorily accounts for all the symptoms, in all the varieties of the complaint; whether in that which is called purpura hæmorrhagica, in that variety which occurs during the progress of typhus or other fevers, or in that which receives the name of sea-scurvy. It also sufficiently accounts for the congested state of the various viscera which have been found from time to time, on inspection, as also for the state of the blood, and, in fact, for all the particulars connected with the disease.

That the disease is of an inflammatory nature several pathologists have admitted, although the particular organ, or set of organs, could not be fixed on. By far the greater number, however, deny its having any resemblance at all to inflammation, and deem those culpable who would treat it as such. I will, nevertheless, endeavour to prove, by the abstract of a few cases, that purpura is an inflammatory disease, and that an antiphlogistic method of treatment is the only one from which any real advantage may be derived.

On the 23rd May 1831, I was called upon to visit a young man, aged about 17, a silk weaver. He had a pale and exsanguineous appearance, though not much emaciated, and complained of much debility, accompanied with pain of head, lumbar region, and extremities. His neck, breast, and extremities, but particularly the upper, were studded with petechiæ of various sizes, but none larger than a split pea, some of a red, and others of a purple colour, each with a small white dot in its centre, and remaining unchanged by pressure. None of these spots were to be seen on the mucous membrane of either mouth, nostrils, or eyes. Pulse 104, full, and bounding; respiration hurried, and accompanied with a slight cough; skin hot and dry; tongue pale, red round edges, but covered in middle with an orange-coloured fur. The gums appeared to be ulcerated, and discharged blood on pressure; bowels open, but the stools were dark and fetid. The petechiæ had made their appearance about six months before I saw him, but up to that time was not prevented from following his usual occupation. He had, however, during that period, several attacks of hemorrhage from the left nostril, which always ceased spontaneously, without much loss of blood. For a few days previous to my visit, the petechiæ had been increasing in number, with an accompanying increase of debility. His diet had generally been of a nutritive quality, nor had he been too much excluded from out-of-door exercise.

He was bled to 3x; immediately after which he became sick and vomited. A saline purgative was ordered to be taken as soon as the stomach became quiet. Next day I was informed that early that morning an epistaxis took place from left nostril, which was stopped by a neigh-

* Abstracted from a paper in the "Glasgow Medical Journal" for April.

bouring surgeon, by plugging, after the loss of several ounces of blood. The pain of head was gone; pulse 96, and soft, and expressed himself as feeling better than he had done for some days. The blood taken from the arm coagulated without the separation of serum, and presented a pale-red, transparent, jelly-like appearance, extending to the depth of a fourth of an inch, all under which was coal-black. When the clot was broken down, a sufficiency of serum was given out. He continued much in the same state under the use of tonics and purgatives till the 31st, when, in consultation with Dr. Hannay, he was found to complain of much headach; skin hot and dry; pulse 112, full and strong, and there was a continual oozing of blood from the left nostril, which was still plugged, and from the gums. There was much thirst and no appetite. From this condition it was judged advisable again to abstract blood; ʒxij were accordingly taken with very considerable relief. The blood had altogether the same appearance as the former, with the exception of the coagulum being much firmer. Up to the third day from this time, there was great reason to believe that he was recovering. The appetite was considerably improved; the petechiæ were beginning to disappear, and the stools had nearly acquired their natural colour and consistence. These symptoms of improvement, however, speedily gave place to a state of much debility, which continued to increase, accompanied with a low muttering delirium for the two last days, and he died on the morning of 10th June. I regret that I had not an opportunity of examining the body.

About a month afterwards I was requested to visit a sister of his, Mrs. G., aged about 30, of a full and plethoric habit. I found her complaining of languor and lassitude, with slight pain in the lumbar region and thighs. On her breast and arms were scattered a number of petechiæ. They had existed for two days, and were very similar to those of her brother. Her gums were soft, but discharged no blood; nor had any hemorrhage taken place from the other passages of the body. Pulse 96, very full; tongue white; bowels open. Blood was drawn to the amount of ten or eleven ounces; and she was ordered a dose of sulph. mag. In a few days she had completely recovered her strength, and the whole of the petechiæ were gone. The blood was cupped, and had the buffy coat.

These cases, I apprehend, are sufficient to prove the inflammatory nature of purpura, although many more of a like character might be given. It now remains for us to inquire what resemblance exists between the symptoms of purpura and those of phlebitis or inflammation of the veins. In prosecuting this inquiry, I shall first compare the constitutional symptoms of the two diseases, and afterwards endeavour to ascertain the possibility of referring the origin of the local symptoms of purpura to inflammation of the venous system.

Having thus established a close resemblance between the constitutional symptoms of purpura and phlebitis, the following question naturally presents itself:—Can we prove that the local symptoms of the former disease have their origin from the existence of the latter? It appears to me that there is very little difficulty in accomplishing this, provided we take into consideration the fact, that by far the greater number of recorded cases of phlebitis have arisen from a traumatic cause, or from some local inflammatory affection,—that in such cases the large venous trunks have been the seat of the disease; or, if the cause has been a constitutional one, it has only existed in the viscera of some one or other of the three great cavities, as in the veins of the uterus, the lungs, the brain, &c. Purpura, on the contrary, almost always originates from a constitutional cause, is a more general affection, and the capillary veins seem to be the place in which the diseased action first manifests itself. In general, in cases in which inflammation of the large veins has been found on dissection, the patient, previous to the attack, has been healthy, and of a good constitution. Whereas, for the most part, purpura occurs in those of a lax and spongy habit, or in what is termed the scorbutic diathesis. Now it is well known, that in all diseases, peculiarity of constitution gives origin to much difference of symptoms, as well as of pathological appearances; and this seems to be the hidden reef on which nosologists have split in their arranging and defining of diseases.

The state of the blood taken from patients affected with purpura, is very peculiar. In almost all those instances in which the disease has arisen in full and plethoric constitutions, where it has run a comparatively short course, and where it has evidently been of an acute form, the blood exhibits all the characters of that drawn from those who are the subjects of any other acute inflammatory disease. But in those who are weak and debilitated, and in whom the disease has existed for a length of time previous to the employment of remedial agents, it has a very opposite appearance. In my first case, the blood when taken was black and homo-

geneous, was slow in coagulating, but the striking peculiarity was the pale red layer which its upper surface presented on cooling, and the non-separation of serum till the coagulum was broken to pieces. This condition of the blood has also been observed by Dr. Combe, Dr. Duncan, jun., and by Dr. Fairbairn. Now, admitting the extension of the disease from the veins to the other textures, the unnatural state of the blood, I think, can be explained. In the first place, the disease extending to the surrounding tissues, must produce through the whole chain of the digestive apparatus a deranged condition of their functions, and, consequently, the blood assimilated will be far different from that which would result from their healthy performance. In the second place, in the lungs a like abnormal condition of their principal function, viz. the arterialization of the blood, will also exist from the same cause. These two causes, together with the morbid secretion which the veins give to the circulating mass, appear sufficient to account for its changed condition.

This then is a theory which explains more satisfactorily than any other the hitherto inexplicable phenomena of the disease. But besides this, it has a superiority over all the rest in leading to a more correct therapia than has previously, for the most part, been had recourse to; and to purpura, the remark of Mr. John Bell, that "we have reason to be jealous of any doctrine which leads to a laxity of practice," may aptly be applied. Although of late blood-letting has been employed for its cure, it has been done more empirically than from a true knowledge of its pathology. Such practice, however, must have resulted from an attentive observance of the symptoms, the nature of which, in all cases, is not to be mistaken. But of all the theories which have been advanced regarding its proximate cause, none has done so much harm as that which ascribes it to general debility. No doubt, the disease, like almost every other, produces debility, but tonics and stimulants have, in many instances, been solely trusted to where the symptoms loudly called for the use of the lancet. Well has Dr. Combe observed, when speaking of the treatment of this disease, that "the bugbear debility has long blinded our judgments and fettered or misplaced our exertions." Now, however, that blood-letting has been found the most useful of all the plans which have been employed, and when a pathology authorising such treatment has been discovered, it is to be hoped that such useless, nay, hurtful practice, will be abandoned.

Nosologists have been greatly at fault in arranging purpura as a disease of the skin. Previous to Dr. Hannay's discovery, there was great reason to believe that it did not belong to the dermoid system; for petechiæ have been found on the mucous and serous membranes, as well as on the surface of the body. Thus, they have been found on the eyes, the nostrils, the lungs, the heart, the liver, the stomach, the intestines, the uterus, and the urinary bladder. Its place in the systems of nosology is now, however, clearly indicated.

ON THE

REPEAL OF THE APOTHECARIES ACT OF 1815.

To the Editor of THE LANCET.

SIR,—LORD ROSEBERRY having intimated in the House of Lords the intention of Government to effect certain alterations in the Apothecaries Act, it behoves the independent members of the profession not to let slip such an opportunity of forcing on the consideration of Parliament the injustice to which they are subjected by the hideous monopolies of the physicians, of the surgeons, as well as of the drug-dealers.

I shall not attempt to argue the case of the Scotch graduates—for if their education be complete, the boundary of the two countries is not a sufficient argument against their practising their profession in either country—while, if their education is not sufficient, it is the duty of Government to make it so.

But, Sir, I object to the proposed piece of patch-work legislation as to the apothecaries, because it is intended to give relief only to the Scotch graduates. Surely, the members of the College of Surgeons, in London, will not omit this favourable opportunity of asserting their claims to practice without the intervention of the drug-sellers of Rhubarb Hall? Can it be disputed that the education of a surgeon is at least equal in the present day to that of an apothecary? Why, then, should a student be compelled to pass both institutions? Except, indeed, to enrich certain persons in the shape of examiners.

But if it be proved that there is any point in a surgical education which unfits the individual from practising medicine, is not that of itself a sufficient reason why the College of Surgeons should be compelled to make further regulations, so as to avoid the unnecessary expense and useless farce of two examinations?

The real truth is, that the accursed system of selling what is called "knowledge," is so deeply-rooted in the minds of the

rulers of the different corporations, that there is little or no chance of obtaining any remedy for our grievances, except by a strong call on the Reformed Parliament. We have a College of Physicians only known to the profession by the quality of the decoction of tea and coffee, given by the President, to make up for some long-winded "oration," the object of which is, perhaps, to prove that a physician may tell lies, provided it pleases the King and Henry Brougham. Yet nine-tenths of the physicians in England have no connexion with this "learned" body, except, indeed, a few timid licentiates, who seem by their presence to court the *honour* of being invited.

As to the College in Lincoln's Inn, what person is to be found capable of pointing out one single act by which the ruling body have a claim on the profession?

The blessings of self-election were never seen in greater perfection. If the election were to depend on the voice of the profession, who is there among the lot whose name would appear in the list?

As for Rhubarb Hall, let it be the ruler of the druggists; the public might then, perhaps, be less frequently poisoned by the hideous compositions which are now administered as physic.

In short, Sir, the time is come when the whole condition of the medical profession should be investigated, with the view of placing it on that footing of respectability, which, from the scientific acquirements of its members, it certainly merits.

Let no partial regulation give relief to one party alone. Rather let Rhubarb Hall be at once abolished. If the Government be sincere in their desire to give relief to the Scotch graduates, the same arguments will cause it to be given to the members of the College of Surgeons. I am, Sir, your obedient servant,

Z. Z. Z.

OBJECTIONS TO THE ADMISSION OF

SCOTCH GRADUATES

TO PRACTISE AS APOTHECARIES IN ENGLAND AND WALES.

To the Editor of THE LANCET.

SIR,—Never until I had commenced practising as a surgeon and apothecary in a remote part of England, did I once consider the exposed and defenceless state of the position which I had assumed in society; never, while a student, patiently poring over the decaying subjects of the dissecting-room; while struggling for a place in the operating theatre; while pacing the hospital in the hope of learning something which either did not exist, or was too little to be divided "among so many;" while incessantly paying fees to lecturers, physicians, surgeons, apothecaries, secretaries, and beadles; to the officers of hospitals, Hall, and College; while submitting to an examination in Blackfriars Bridge; and being bullied, *à la militaire*, at the College; never once, Sir, did it occur to me, that, after all, I was to be the mere flying-fish of medical zoology,—that, expelled from my more natural element by the encroaching avidities of the druggist, I should find a yet more dangerous enemy in that loftier element which the physician vainly attempts to monopolize. But I comfort myself with the knowledge, that but very few surgeon-apothecaries are *as yet* actually reduced to this lamentable condition.

The physician is not necessarily the enemy of the apothecary; nor, while the "Doctor" maintains his own dignity, will the apothecary hesitate to comply with public opinion, and, oftentimes, with his own wishes, by employing the physician as the acknowledged sheet-anchor of medical science. But when the physician stoops to receive a half or a quarter of the usual fee, oftentimes from those to whom his services should be gratuitous, and on all occasions sends his prescriptions to his ally the druggist, then the murderously low rate at which he works, combined with the mysterious influence of his *degree*, not only "leaves all competition far behind," but almost blots out the poor apothecary from the face of creation.

Having witnessed a practical instance of the mischief which a physician may commit when actuated by principles of utter selfishness, and naturally dreading lest this mischief should increase, to whom must we look for protection but to the founders of our profession? The rising requirements of the Apothecaries Company render it a matter of little consequence, as regards either money or wit, whether a young man in practice be an Edinburgh M.D., or an English apothecary. Should Doctors multiply, they will endeavour to live, and those who cannot obtain the usual fees will be compelled to take the half. Seeing also that the present race of general practitioners is daily becoming more able to dispense with the countenance and opinion, especially of half-bred and mean-spirited Doctors, it is natural to expect that these latter will enter into a league with the druggists, who, again, will multiply in proportion, and both will prey on the apothecary.

Against such a union the Apothecaries Company should have the power to defend its members and licentiates.

But, Sir, all this would avail nothing; for, understanding that we are about to be overrun by a swarm of Scotch graduates, transformed into English apothecaries, I foresee that the little occupation left us by our old enemies, will be entirely lost through the rapacity of the new-comers. If the old ladies at the Hall cannot ward off these invaders from the North, they had better provide for their subsistence amongst their legitimate children, or the whole family will soon be in a state of starvation. Surely while this society professes to oppose the admission of the unqualified, it should not neglect the interests of the admitted. Could they not request, that, by Act of Parliament, a certain relation be established between the physician and the apothecary, confining the power to compound medicines to apothecaries, whereby the apothecary would be secured from the selfish practices of some few physicians, and some slight excuse afforded for the long term spent by apothecaries' apprentices in compounding medicines?

Is it reasonable to suppose, that the licentiates of the Hall and the members of the College can cordially support those institutions, while their managers sit down contentedly viewing the total dilapidation of their own edifices, the entire wreck of their medical brethren, and the inevitable deterioration of their own diplomas and licenses; not even appearing to make the least resistance, nor even desiring the general amelioration of the profession?

To you, Mr. Editor, we must once more look, and hoping the above remarks will seem worthy of appearing in that LANCET which has already effected so much good,

I remain your obedient humble servant,

VERIDICUS.

April 24, 1833.

REMUNERATION OF MEDICAL MEN FOR

ATTENDANCE AT INQUESTS.

To the Editor of THE LANCET.

SIR, — The general practitioners of Wakefield have formed themselves into a society for the mutual communication of knowledge, and the support of the interests of the medical profession.

Among the matters lately discussed, the subject of coroners' inquests was introduced, and the following resolutions were passed.

As secretary to the Society, I beg to present them to you for insertion, if they obtain your approbation. I need scarcely add, that we shall feel most happy to have the support of your powerful pen.

I am, Sir, yours obediently,

BENJ. WALKER, Surg.

Wakefield, April 27, 1833.

Resolved—

1st. That the medical profession is learned, moral, and reputable, and it is in every respect just that the practice of medicine should be adequately remunerated.

2nd. That the office of coroner is one of high and important trust, and that the institution of the "Inquest" is one of the most important parts of the British constitution, and can seldom be well conducted without medical evidence and opinion. It is, therefore, highly necessary that the study of jurisprudence should be pursued by medical men,

3rd. That, in order to induce medical men to bestow time and expense on this study, it is requisite that the skill and knowledge which it involves, should be adequately rewarded.

4th. That the absence or uncertainty of legal means for ensuring medical remuneration for attendance on coroners' inquests, is a great hinderance to the prosecution of forensic studies by medical men.

5th. That it is unreasonable and unjust for medical men to be compelled by the writ of the coroner to attend an inquest, and give not only evidence as to facts, but also scientific opinions on them, without the power of enforcing any claim for remuneration for loss of time and service.

6th. That this subject be brought before Parliament as early as possible, in the hope that a grievance of so injurious a nature may be removed.

7th. That it is inexpedient for so large and important a profession as the medical, to remain unrepresented in Parliament, and that it is the imperative duty of the medical profession, therefore, to obtain the return of men to Parliament, who are especially capable of promoting its interests.

8th. That these resolutions be forwarded to THE LANCET and the *Medical Gazette*, and that the profession, generally, be requested to take an active part in obtaining a just and equitable attention to its interests.

ALLEGED BREACH OF PROFESSIONAL ETIQUETTE.

To the Editor of THE LANCET.

SIR,—Although not much given to scribbling, I cannot refrain from laying before you an instance of, as it appears to me, a very gross breach of professional etiquette. Some of your readers may be aware, that Dr. Locock is an accoucheur of some repute in this town; this physician attends a lady in whose family I have the honour to attend also, and I have been *very frequently* in the habit of meeting the Doctor there. Now, Sir, what I want to know is, if it be usual for a *physician* to undertake to vaccinate, when he *knows* there is a surgeon in *constant*, almost *daily* attendance. I have for years past attended in different families with Dr. Herbert, and I must do him the justice to say, I never met with an occurrence of this kind before. By inserting this as soon as possible, together with any remarks you may think the case demands, you will confer an obligation on

A LOVER OF FAIR PLAY.*

April 30th, 1833.

PAYMENT OF EXPENSES INCURRED UNDER THE ANATOMY ACT.

To the Editor of THE LANCET.

SIR,—It is admitted, on all hands, that the teachers of anatomy have effected a great saving by the assistance of the new bill. Indeed this is obvious; for if, in former years, bodies cost eight and ten guineas each, and were sold to the pupils for six guineas—while during this season the pupils have paid three or four guineas, without *any expense to the teachers*—surely, it is not unreasonable to ask why, and under what pretence, the ticket of the teachers should still be twenty guineas for lectures on anatomy, and dissections?

If the expenses of the bill are to be defrayed by the medical schools, would it not be most reasonable that the teacher should pay the guinea instead of the pupil, seeing that there is no longer any pretence for the high price of their tickets on the plea of their great loss in providing subjects?

Can you, Sir, inform us of the actual number of bodies dissected during the season, as I am prepared to show that some of the teachers have entirely profited by the bodies, while our school several times were without one. I am, Sir, your faithful servant,

A STUDENT.

[We have no knowledge of the number of bodies actually dissected; but, we believe, the desired information may be obtained instantly on applying at the office of the Inspector of Anatomy, Dr. SOMERVILLE.—ED. L.]

* The writer having authenticated this statement, by sending his name and address, "remarks" from the Editor are unnecessary. The transaction speaks sufficiently for itself.—ED. L.

HORIZONTAL CUSPIDATI.

To the Editor of THE LANCET.

SIR,—The horizontal position of a cuspidatus, mentioned by Mr. Matthews in your last number, is not of so rare occurrence as supposed by that gentleman.

Within a few months I have seen in living subjects three cases where it has taken that course, one of which produced serious consequences before its extraction;—the other two yet remain, and appear to produce no inconvenience, except, when pressed upon, as in masticating a crust, a portion happens to be thrust against the projecting soft covering, leaving tenderness for a short time in the immediate part.

I am, Sir, your obedient servant,

A DENTIST & M.R.C.S.

London, April 23.

A PHENOMENON.—Medical men not only see, but sometimes suffer, very strange things. A remarkable case illustrative of the latter point, has lately occurred in the metropolis. We read on the cover of the *Cyclopædia of Practical Medicine*, Part 15, the following, "*Menstruation, concluded, by Dr. Locock.*" As menstruation is sometimes a very difficult process, and must be particularly so in the male, we hope that Dr. Locock has got safely through it. It must be a phenomenon, even if we have to rank the doctor amongst the genus "old women." We observe on the same cover, "*Narcotics by Dr. A. F. Thomson!*" Highly probable and appropriate.

CORRESPONDENTS, &c.

We have preferred leaving *Mr. G.'s* own heading to the case.—*Truth*, who writes respecting the R. Jen. Soc. must authenticate his letter.—We have to notice the receipt of a concert ticket from *Mr. Stevenson*, which, however, was not used.—The D. Sketch, from the celebrated *Z.*, next week.

Mr. J. L——n. We regret that the accident happened, but in working off so many thousands, such imperfections will sometimes occur.

The account of the Meeting of Medical Practitioners and Pupils, Dr. Granville in the Chair, came too late for insertion this week.